PRINTED: 06/23/2021 FORM APPROVED

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S	
7.11.2 7.27.11		152111111011111011152111	A. BUILDING: _			
		HAL011376	B. WING		06/0	2/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
RICHMOND HILL REST HOME # 1			IOND HILL ROA LE, NC 28806	AD.		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 000	Initial Comments		D 000			
	The Adult Care Licensure Section conducted an annual and follow-up survey on 05/26/21-05/28/21, 06/01/21 with an exit conference via telephone 06/02/21.					
D 167 10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation		D 167				
	10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation.					
	This Rule is not met TYPE B VIOLATION	as evidenced by:				
	facility failed to ensur the premises at all tin course in cardio-pulm within the last 24 mor	and record reviews, the e at least one staff was on nes who had completed a nonary resuscitation (CPR) nths for 2 of 3 sampled staff edication Aide (PM/MA) and				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 56.25 to			R
		HAL011376	B. WING		06	6/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
		95 RICH	MOND HILL ROAD			
RICHMON	ID HILL REST HOME # 1	ASHEVI	LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 167	Continued From page	e 1	D 167			
	revealed: -She was hired on 09 -The last documentat and choking manage Interview with the PM revealed: -She did not know he management had exp-It was the Administra sure staff had complemanagementShe was the only statimes due to staff shown Refer to the interview 06/02/21 at 11:08am. 2. Attempted review of the interview of	ion of completion of CPR ment expired 01/16/19. I/MA on 06/01/21 at 4:30pm Ir CPR and choking bired. Ators responsibility to make eted CPR and choking aff member in this facility at ortages. It with the Administrator on				
	11:08am revealed: -She was hired the fir -She did not have CP management in the la -She was the only sta times due to staff sho -She did not know the had expiredShe did not know wh was offered in the fac -She was responsible records related to CP	aff member in this facility at ortages. at the PM/MA's CPR training onen the last CPR training				
	and completeShe was responsible completed all require	e for making sure staff had d training.				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 2 of 66

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		HAL011376	B. WING		R 06/02/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 1		OND HILL ROA .E, NC 28806	ND.		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 167	Continued From page 2		D 167			
	-She was responsible for the total operations of the facility.					
	Attempted review of records revealed there were none and no way to determine if a resident was a full code.					
	The facility failed to ensure at least one staff was on the premises at all times who had completed a course in cardio-pulmonary resuscitation (CPR) and choking management related to the PM/MA and the Administrator being the only employees and supervising residents throughout the shift without CPR certification. This failure was detrimental to the health, safety, and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/29/21 for					
this violation. THE CORRECTION DATE FOR THIS TYPE B VIOLATION SHALL NOT EXCEED JULY 17, 2021.						
D 176	10A NCAC 13F .0601 Facilities	I (a) Management Of	D 176			
		I Management of Facilities ensus of Seven to Thirty				
	responsible for the to home and shall also be Division of Health Sel county department of and maintaining the r	me administrator shall be tal operation of an adult care per responsible to the rvice Regulation and the social services for meeting ules of this Subchapter. when there is one, shall				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 3 of 66

PRINTED: 06/23/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		HAL011376	B. WING		06	R 6/ 02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	-	
DICUMON	ID UILL DEST LIOME # 4	95 RICH	IMOND HILL ROAD			
RICHMON	ID HILL REST HOME # 1	ASHEVI	LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
D 176	Continued From page	e 3	D 176			
	for the operation of the					
	This Rule is not met as evidenced by: TYPE A1 VIOLATION Based on observations, interviews, and record					
	management and total were maintained to element compliance with the recare homes to protect receive adequate and services related to train resuscitation, infection health care, food and	trator failed to ensure the all operations of the facility insure substantial rules and statutes of adult at each residents' right to appropriate care and aining on cardio-pulmary on prevention and control, I nutrition and to be free of management of facilities.				
	The findings are:					
	revealed: -She had concerns a -"I am afraid to stay h always have a staff n and I am afraid." Interview with a seco 12:25pm revealed: -Staff frequently left t	bout living in the facility. here because they don't hember here for the building and resident on 05/27/21 at he residents alone. th breathing and had to use				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 4 of 66

DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	=160
					R	2
		HAL011376	B. WING		06/0	2/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
	95 RICHN					
RICHMON	RICHMOND HILL REST HOME # 1 ASHEVIL					
()(4) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	.	PROVIDER'S PLAN OF CORRECTION	<u></u>	(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DEFICIENCY)		
D 176	Continued From page	e 4	D 176			
	her ovvaen hut was u	nsure what would happen to				
		ess and staff were not in the				
	facility.	ess and stair were not in the				
	raomity.					
	Interview with a third	resident on 05/26/21 at				
	12:34pm revealed:					
	-"Staff are hard to find	i."				
	-Staff visited other facilities to socialize or they had to go administer medications in other facilities because they were short staffed.					
-Residents were left alone 2-3 days every week						
	but it was not all day.	als to a dualiniata with a				
	-Staff would come ba	neals but would hurry out the				
	door again.	leals but would fluffy out the				
	-	staff but sometimes had to				
	go to multiple houses					
	anyone.					
		n resident on 05/26/21 at				
	1:00pm revealed:					
		s alone every time she				
	workedThe MA comes in lat	a almost avery time				
		d, she usually received her				
		Dam-10:00am when she				
	was supposed to get					
		er (PM)/MA came in on				
		edications and residents				
	were alone the rest of	f the time because PM/MA				
	~	ns in the other facilities and				
	there was no staff to stay at the facility.					
		illary blood sugars (CBGs)				
		cause she could not find the				
	MA.	fraid bassues they were left				
		afraid because they were left				
	alone in the facility. She was afraid for the	e other residents too as one				
		reathing issues and she				
	would not know what					

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 5 of 66

STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BOILDING.		_	
		HAL011376	B. WING		06/02	2/2021
NAME OF PRO\	VIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMOND I	HILL REST HOME # 1		OND HILL ROA E, NC 28806	D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
had so	efore she could find She did not know whould not be found. She had told the MA er concerns and not bout her concerns and not bout her concerns. Interview with a MA or evealed: She had discussed hietary issues for the administrator and the She had told the Adn egarding staff leaving distressed" the reside ame back on her shi She had told the Adn he did not have acceut it wasn't until Survecords were unlocked and concerns state and concerns state and concerns state for the Administrator seases and concerns state for the pecific date. The overall operation esponsibility. She was at the facility and could be reach by eeded. Staff training was als There were other stataff schedules, paper	ther resident would die a staff member. at to do to help her if staff and the Administrator about hing had been addressed in 05/27/21 at 3:50pm are concerns regarding residents with the Owner. In hinistrator of her concerns a residents alone and how ents were each time she fit. In hinistrator for several days resyors came in that the disease to the resident records recyors came in that the disease in the Administrator on revealed: as the Administrator on revealed: as the Administrator during 2021 but could not recall the in of the facility was her by Monday through Friday or phone on the weekends if	D 176			

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 6 of 66

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE STRICHMOND HILL ROAD ASHEVILLE, NC 28906 (X4)10 SIMMARY STATEMENT OF DEFICIENCIES (X6)10 (X6)10 (X6)10 SIMMARY STATEMENT OF DEFICIENCIES (X6)10 (X6)10 (X6)10 SIMMARY STATEMENT OF DEFICIENCIES (X6)10 (X6)10 (X6)10 (X6)10 SIMMARY STATEMENT OF DEFICIENCIES (X6)10 (X6)10 (X6)10 (X6)10 FROVIDERS PLAN OF CORRECTION (X6)10 FROVIDERS PLAN OF CORRECTION (X7)10 FROVIDERS PLAN OF CORRECTION FROVIDERS PLAN OF CORRECTION (X8)10 FROVIDERS PLAN OF CORRECTION (X9)10 FROVIDERS PLAN OF CORRECTION (X9)10 FROVIDERS PLAN OF CORRECTION (ACC) FROM THE ADDRESS. CITY, STATE, ZIP CODE SAMEWILLE, NC 28806 PROVIDERS PLAN OF CORRECTION (CACH CORRECTION ABOUT DE (CACH CORREC		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MAME OF PROVIDER OR SUPPLIER RICHMOND HILL REST HOME #1 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG COMPLETE TAG CONTINUED FROM THE APPROPRIATE SHOWN AS THE APPROPRIATE TAG D 176 Continued From page 6 Were done. She was the Administrator and it was her responsibility ensure staff did what they were supposed to do. She was not aware residents were being left alone, residents were not being alone and not receiving medications and meals in a timely manner, medication audits were not being followed up on or implemented, record and medication audits were not being completed, visitors needing to be screened for signs and symptoms, one resident had not been vaccinated or offered the vaccination for COVID-19 and records not being readily available and accessible. She was aware staff had been outside in the parking lot smoking instead of being in this facility, leaving residents alone. She was unaware of staff leaving their facilities for extended periods of time until it was brought to her attention by surveyors. Staff were expected to get coverage if they needed to leave their homes.			HAI 011376	B. WING				
RICHMOND HILL REST HOME # 1 Oxal Discussion Summary Statement of Deficiencies (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) PREPIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) PREPIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DEFICIENCY) D 176						1 06/0	2/2021	
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 176 Continued From page 6 Were done. -She was the Administrator and it was her responsibility ensure staff did what they were supposed to do. -She was not aware residents were being left alone, residents were fearful of being alone and not receiving medications and medication audits were not being followed up on or implemented, record and medication audits were not being followed up on or implemented, record and medications undits were not being followed up on or of implemented, or offered the vaccination for COVID-19 and records not being readily available and accessible. -She was aware staff had been outside in the parking lot smoking instead of being in this facility, leaving residents alone. -She was unwaver of staff leaving their facilities for extended periods of time until it was brought to her attention by surveyors. -Staff were expected to get coverage if they needed to leave their homes.	NAME OF P	ROVIDER OR SUPPLIER						
CX4] ID REFEIX CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG REGULATORY OR LSC IDENTIFY INFORMATIO	RICHMON	RICHMOND HILL REST HOME # 1			9			
were done. -She was the Administrator and it was her responsibility ensure staff did what they were supposed to do. -She was not aware residents were being left alone, residents were fearful of being alone and not receiving medications and meals in a timely manner, medications were not available for administritiont, new physician orders were not being followed up on or implemented, record and medication audits were not being completed, visitors needing to be screened for signs and symptoms, one resident had not been vaccinated or offered the vaccination for COVID-19 and records not being readily available and accessible. -She was aware staff had been outside in the parking lot smoking instead of being in this facility, leaving residents alone. -She was unaware of staff leaving their facilities for extended periods of time until it was brought to her attention by surveyors. -Staff were expected to get coverage if they needed to leave their homes.	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE	COMPLETE	
that "no one ever came up there" (to the facility) and she passed it on to the MA but had not investigated the concerns any furtherThere was no process for resident concerns or complainants. Noncompliance was documented in the following rule areas. Based on observations and interviews, the facility failed to ensure there were always at least one staff member in the facility ensuring that at no	D 176	were doneShe was the Administresponsibility ensure supposed to doShe was not aware ralone, residents were not receiving medicat manner, medications administrtiont, new phoeing followed up on medication audits were visitors needing to be symptoms, one reside or offered the vaccinarecords not being reaccessibleShe was aware staff parking lot smoking in facility, leaving reside -She was unaware of for extended periods to her attention by sure -Staff were expected needed to leave their -Three residents had that "no one ever can and she passed it on investigated the concurrence was no process complainants. Noncompliance was or rule areas. Based on observation failed to ensure there	strator and it was her staff did what they were residents were being left a fearful of being alone and tions and meals in a timely were not available for hysician orders were not or implemented, record and re not being completed, a screened for signs and ent had not been vaccinated ation for COVID-19 and adily available and that had been outside in the instead of being in this ents alone. If staff leaving their facilities of time until it was brought reveyors. It to get coverage if they homes. It told her prior to 05/26/21 the up there (to the facility) to the MA but had not the many further. The signs for resident concerns or documented in the following the sand interviews, the facility were always at least one	D 176				

Division of Health Service Regulation

member in the facility. [Refer to Tag D 0177 10A

STATE FORM 500 5UCN11 If continuation sheet 7 of 66

PRINTED: 06/23/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011376	B. WING		R 06/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE	
RICHMON	ID HILL REST HOME # 1		MOND HILL ROAD		
		ASHEVIL	LE, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLETE
D 176	NCAC 13F .0601(b)(3 with a capacity or cer Residents (Type A1 N Based on observation reviews, the facility fawere free from negled fearful of being left aliensuring all required [Refer to Tag D 0914 Resident Rights (Type Based on interviews a facility failed to ensure the premises at all time course in cardio-pulme within the last 24 mor (Property Manager/M the Administrator).	B) Management of Facilities assus of seven to thirty (iolation).] Ins, interviews, and record illed to ensure all residents of related to residents being one in the facility and for duties were carried out. 10A NCAC 13F .0909 and Violation).] In and record reviews, the end at least one staff was on the ensure at least one staff was on the ensure at least one staff was on the ensure resuscitation (CPR) of this for 2 of 3 sampled staff edication Aide (PM/MA) and defer to Tag D 0167 10A fining On Cardio-Pulmonary	D 176		
	reviews, the facility far physician's orders for (Resident #2) regarding blood sugar (FSBS), with differential, complete fasting lipid panel, he microalbumin, TSH at 0273 10A NCAC 13F (Type B Violation).] Based on observation interviews the facility diets for a resident or diet (NCS) (Resident carbohydrate controll a resident (Resident states).	ns, interviews, and record iled to implement 1 of 3 sampled residents ng an order for a finger stick complete blood count (CBC) blete metabolic panel (CMP), moglobin A1C (HbA1C), nd Free T4. [Refer to Tag D .0902(c)(3) Health Care ns, record reviews and failed to provide therapeutic in a no concentrated sweet #1) for a resident and a ed with no fruit juices diet for #2) as ordered by their in 2 of 3 sampled residents.			

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 8 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		I \ /	E SURVEY PLETED	
						R
HAL011376			B. WING		06	6/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	E, ZIP CODE		
RICHMON	ID HILL REST HOME # 1		OND HILL ROAD			
		ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
	Food and Nutrition (T Based on observation reviews the facility fai recommendations and for Disease Control (C Department of Health (NCDHHS) were implied residents during the g (COVID-19) pandemi of residents, staff, and required personal pro [Refer to Tag D 0612 Infection Prevention a B Violation).]	ns, interviews, and record led to ensure d guidance by the Centers CDC) and the North Carolina and Human Services emented when caring for 11 global Coronavirus c as related to the screening d visitors and wearing tective equipment (PPE). 10A NCAC 13F .1801 (a)(b) and Control Program (Type				
	for 1 of 3 sampled rest to Tag D 0259 10A No Care Plans]. Based on observation interviews the facility substitutions of equal residents [Refer to Ta.0904(c)(3) Nutrition at 0904(c)(3) Nutrition at 0904(c) and observation review the facility failer records in an orderly available for review [FINCAC 13F .1201 Resultance]. Based on observation reviews, the facility famedications as ordered	nutritional value 11 of 11 g D 0292 10A NCAC 13F and Food Service]. n, interviews and recorded to maintain resident manner and readily Refer to Tag D 0433 10A sident Records]. ns, interviews and recordiled to administer ed by a licensed prescribing				
	practitioner during the	ed by a licensed prescribing e morning medication pass desident #1), including a				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 9 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED		
			5 11116		R
		HAL011376	B. WING		06/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STAT	TE, ZIP CODE	
RICHMON	D HILL REST HOME # 1		IOND HILL ROA LE, NC 28806	D	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
D 176	Continued From page	9	D 176		
	(Residents #2 and #3 treat high blood sugar medications used to tallergies (Resident #3 NCAC 13F .1004(a) MB Based on record reviet facility failed to follow recommendation for a	2 of 3 sampled residents), including a medication to rs (Resident #2), and reat shortness of breath and b) [Refer to Tag D 0358 10A Medication Administration].			
	The Administrator failumanagement and total were maintained relatiatione and fearful of blanching what to do in receiving their medical manner. This failure mand constitutes a Type. The facility provided a accordance with G.S.	ed to ensure the al operations of the facility led to residents being left led to residents being left led to residents being left led to residents and not led case of an emergency, not led to a case of an emergency and led to a case of a case of the ca			
	CORRECTION DATE VIOLATION SHALL N	FOR THIS TYPE A1 IOT EXCEED July 02, 2021.			
D 177	With A Capacity Or Co	` ,	D 177		
	Residents (b) At all times there or administrator-in-ch	shall be one administrator arge who is directly			

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 10 of 66

PRINTED: 06/23/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			,
		HAL011376	B. WING		06/0	2/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMOND HILL REST HOME # 1			OND HILL ROA E, NC 28806	D.		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 177	are carried out in the at no time is a resider without a staff member in Paragraph (c) of the arrangements shall be with a capacity or cere (1). The administrator 500 feet of the home telecommunication within 500 feet of the two-way telecommunitimes; or (3). When there is a ceach with a capacity of adjacently on the same least one staff members and the same administrator-in-charge each home with a member telecommunication with and directly responsible.	ing that all required duties home and for assuring that all left alone in the home er. Except for the provisions is Rule, one of the following e used to manage a facility assus of 7 to 30 residents: or is in the home or within with a means of two-way with the home at all times; ein-charge is in the home or home with a means of ication with the home at all cluster of licensed homes, of 7 to 12 residents, located the site, there shall be at er, either live-in or on a shift endministrator or ge who is within 500 feet of	D 177			
	This Rule is not met TYPE A1 VIOLATION	Ī				
	failed to ensure there	ns and interviews, the facility were always at least one acility ensuring that at no eft alone in the facility.				
	The findings are:					

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 11 of 66

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
					R
		HAL011376	B. WING		06/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	D HILL REST HOME # 1		OND HILL ROA	.D	
OUR MADY OTH TENEUT OF DESIGNATIONS		E, NC 28806			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 177	Continued From page	± 11	D 177		
	Interview with a Medication Aide (MA) on 05/26/21 at 9:22am revealed there were 11 residents currently residing in the home.				
	lot revealed:	/21 at 8:10am of the parking			
	-The Administrator and staff from the sister facilities were outside in the parking lot between this facility and a sister facility talking and smokingThe main office was approximately 169 feet away from the facility.				
	-The Administrator entered the facility at 8:12am and no other staff were observed in this facilityThere were 3 residents on the front porch of the				
	facility. -There was one resident who was leaving to go to an appointment. -There were 2 residents in the living room				
		t lying on her bed with			
	oxygen concentrator	set on 7 illers.			
	Interview with the Administrator on 05/28/21 at 8:10 am revealed: -She was covering the facility until staff could arrive from a personal appointmentShe was unsure as to what time the scheduled staff would arrive at work.				
	8:00pm.	I to work from 8:00am to			
	8:32am revealed:	ninistrator on 05/28/21 at			
	office.	facility to go to the main			
	-Another staff was at residents needed any-The night shift staff n				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 12 of 66

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011376	B. WING		06/0	2/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE			
RICHMON	D HILL REST HOME # 1		MOND HILL ROA	D			
		ASHEVIL	LE, NC 28806				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETE DATE	
D 177	Continued From page	e 12	D 177				
	residents which was to night shift staff left. -There was one reside had to wait so long to her medicine. Observation on 05/28 revealed: -There were no staff irevealed: -There were 2 resident has a resident the kitchen, loading distarting it. -There were 5 other matching television. -One resident was lying concentrator set on 6. -There were 2 other matching television. Interview with a resident on 05/28/21 at 9:20ar. -She was waiting on the breakfast but the Admand not returned. -She had to wait for 3 medications to eat an morning. Observations on 05/2 10:10am-10:32am revealed.	ent who had not eaten but eat after the resident took 3/21 at 9:20am of the facility In the facility. Into on the front porch. It in the kitchen cleaning up ishes in the dishwasher and esidents in the living room Ing in bed with her oxygen Iliters of oxygen. Iters of oxygen. I					
	MA staff in the facility -The Administrator lef main officeThere was no other s -During this time there smoking on the porch and some were in the	if the facility and went to the staff in the building. we were several residents a few in the living room					

Division of Health Service Regulation

10:32am.

STATE FORM 500 5UCN11 If continuation sheet 13 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL011376	B. WING	B. WING		R 5/ 02/2021
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	. ZIP CODE	, ,	
			MOND HILL ROAD	,		
RICHMON	RICHMOND HILL REST HOME # 1 ASHEVIL		LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 177	resident was still wait this morning after have medicineAt 10:35am the Adm bowl of cereal who had 1:05pm-1:20pm revealed: -There was no staff was dishesA second female restouch in the living root in the facility did not had the facility that day breakfast and lunch in then leaves" the facilityThe MA from a sister residents their schedul morning and then left facilityThis usually happened Observations on 05/2 2:44pm-3:00pm of the	the Administrator another ing on her breakfast from ing to wait because of her inistrator fixed the resident and been waiting. cility on 05/28/21 between aled: orking in the facility. Is in the kitchen washing in the kitchen washing adent was sitting on the im. cident on 05/28/21 at 1:10pm living at the facility. It is ave enough staff. It is ave a staff member working in the facility to serve the ineals to the residents "but try. If facility administered the led medications that to return to the sister and 2-3 days a week.	D 177	DEFICIENC	YY)	
	-There was no other s -The MA returned at 3 Observation on 05/28	staff present in this facility. 3:00pm. /21 at 2:39pm revealed: ng in bed, resting with her				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 14 of 66

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		HAL011376	B. WING		06/0)2/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 1		OND HILL ROA E, NC 28806	.D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 177	Continued From page	2 14	D 177			
	-The residents skin w	as very pale in color.				
	-A resident lying in be liters.	/21 at 2:52pm revealed: ed with her oxygen on at 6 the building at this time.				
	revealed: -Staff frequently left the facilityStaff had to leave the medication in sister factor and the fact	due at 8:00am and it would after 10:00am as there was eds when they were due. concerns with a MA who presponse to her concerns.				
	12:51pm revealed: -She had concerns at -"I am afraid to stay h always have a staff m and I am afraid."	resident on 05/26/21 at pout living in the facility. ere because they don't nember here for the building				
	12:05pm revealed:	n resident on 05/27/21 at s alone at least 2-3 days a				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 15 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
			A. Boilbino.			В
		HAL011376	B. WING		06	R 6/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STATE	, ZIP CODE		
RICHMON	ID HILL REST HOME # 1	95 RICHI	MOND HILL ROAD			
ASHE\		ASHEVIL	.LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 177	Continued From page	e 15	D 177			
	give medication. -The last time was on -As soon as staff finis fixing the meal they w resident would clean -The inconsistency of what "scares me" abo -She told the MA and concerns but there w they were short staffe Interview with a fifth r 12:25pm revealed: -Staff "frequently" left -She had difficulty with her oxygen but was u	thed giving the medication or yould leave, and a female up the kitchen. If staff and being left alone is out living at the facility. If the Administrator about her as no response because ed. esident on 05/27/21 at				
	12:34pm revealed: -"Staff are hard to fine -Staff went to visit sis they had to go give m because they were sl -Residents were left a but it was not all dayStaff would come ba medications and fix m door againShe tried to find staff multiple facilities befor Interview with a seve 1:00pm revealed: -The MA left residents workedThe MA came in late	ter facilities to socialize or nedications in other facilities nort staffed. alone 2-3 days every week ck to administer the neals but would hurry out the f but sometimes went to ore she could find anyone. nth resident on 05/26/21 at a salone every time the MA				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 16 of 66

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011376	B. WING	B. WING		2/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	-	
RICHMON	ID HILL REST HOME # 1		OND HILL ROA E, NC 28806	.D		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 177	was supposed to get -The Property Manag 05/24/21 and adminis residents were alone the PM/MA had to ad other facilities and the the facilityOn 05/23/21, her cap could not be obtained the MAShe was frequently a alone in the facilityShe was afraid for th resident had severe b would not know what happened to herShe was afraid the o before she could find -She did not know wh could not be foundShe told the MA and concerns and nothing her concerns. Interview with the Adr 9:40am revealed: -She was responsible staff for each facility v -She had had numero of the past monthShe had scheduled a medications at the fac sister facilitiesShe was supposed to and 3-5 personal care -There was a staff med	Dam-10:00am when she them at 8:00am. er (PM/MA) came in on tered medications and the rest of the time because minister medications in the ere was no staff to stay at billary blood sugars (CBGs) because she could not find afraid because they were left ere other residents too as one treathing issues and she to do if something ther resident would die a staff member. at to do to help her if staff the Administrator about her had been addressed about ministrator on 05/28/21 at erfor scheduling qualified with a least a MA. Bous challenges with staffing a MA to administer cility and at a sister facility or to have a MA in the facility	D 177			

Division of Health Service Regulation

-On 05/24/21, she staffed the facility with the

STATE FORM 500 5UCN11 If continuation sheet 17 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		` '	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER	R: A. BUILDING:		COMPLETED
				R
	HAL011376	B. WING		06/02/2021
NAME OF PROVIDER OR SUPPL	ER	STREET ADDRESS, CITY, STA	TE. ZIP CODE	·
		95 RICHMOND HILL ROA		
RICHMOND HILL REST HO	ME # 1	ASHEVILLE, NC 28806	(D	
		ASTILVILLE, NO 20000		
PREFIX (EACH DE	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLETE THE APPROPRIATE DATE
D 177 Continued From	n page 17	D 177		
PM/MAShe told the refront porch of fimpromptu cool they were shored and they were shored to could on 05/24 something elses. It was "all they and they are was a final to the somethingResidents where to the main offit from the facility (the closest be staff to assist the staff could not linterview with the revealed: -No residents work or fearful of be meals or medically was not enouge. The expectation assigned facility recommends on timeShe recalled to they was a support of the staff.	esidents in the facility to be on the acility on 05/24/21 for an kout for lunch and dinner becard to f staff. In the facility as much as she was involved in a could do" that day. If a who was late for her shift on facility, 8:00am to 8:00pm. If a MA from a sister facility to morning medications. If a staff used their personal photoer and herself if they needed to required assistance could conce (approximately 169 feet awar) or to one of the sister facilities ing approximately 50 feet) to find the mem. If a call 911 on the facility phone one located. If a call 912 on the facility phone one located. If a call 913 on the facility phone one located. If a call 914 on the facility phone one located. If a call 915 on the facility phone one located. If a call 916 on the facility phone one located. If a call 917 on the facility phone one located. If a call 918 on the facility phone one located.	the use use self nes me ay send eif pm ed r ere s.		

Division of Health Service Regulation

not remember when.

STATE FORM 500 5UCN11 If continuation sheet 18 of 66

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					R		
		HAL011376	B. WING		06/0	2/2021	
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
RICHMON	RICHMOND HILL REST HOME # 1		OND HILL ROA E, NC 28806	D			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
D 177	Telephone interview of 06/02/21 at 11:08am and she passed it on investigated the conception of the Administrator failulways one staff in the no time a resident wai in the facility provided a accordance with G.S. The facility provided a accordance with G.S. Telephone interview of 06/02/21 at 11:08am and she passed it on investigated the conception of	ch at the facility that night date. with the Administrator on revealed: had been outside in the instead of being in this ints alone. staff leaving their facilities of time until it was brought reveyors. to get coverage if they homes. told her prior to 05/26/21 ine up there" (to the facility) to the MA but had not erns any further. It is for resident concerns or ed to ensure there were enhome and ensuring that at its left alone without a staff in residents being fearful of its what to do in the case of our receiving their medications manner which resulted in constitutes a Type A1 The Plan of Protection in 131D-34 on 05/28/21.	D 177				
D 259	10A NCAC 13F .0802	(a) Resident Care Plan	D 259				
	10A NCAC 13F .0802	Resident Care Plan					

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 19 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL011376	B. WING		06	R 5/ 02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
DICHMON	ID HILL REST HOME # 1	95 RICHM	OND HILL ROAD			
KICHWION	ID HILL REST HOME # 1	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 259	Continued From page	e 19	D 259			
	developed for each re the resident assessm 30 days following adr .0801 of this Section.	ne shall assure a care plan is esident in conjunction with lent to be completed within mission according to Rule The care plan is an program of personal care				
	_	<u> </u>				
	The findings are:	e findings are:				
	03/17/20 revealed dia depression, arthritis,	osteopenia, coronary artery o, schizophrenia, personality				
	Summary sheet from dated 04/05/21 reveal -She had a diagnose: acquired absence of pulmonary disease (0 morbid obesity due to -She was admitted to from the local hospital discharged to the face	s of type 2 diabetes mellitus, kidney, chronic obstructive COPD), hypertension, and pexcess calories. Ithe rehabilitation center, al, on 03/20/21 and was				
	-She was recently ad	2's endocrinologist's lated 05/07/21 revealed: mitted to the hospital in tial nephrectomy (removal of				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 20 of 66

DIVISION	n nealth Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:		COMPL	ETED
					F	₹
		HAL011376	B. WING		06/0	2/2021
					,	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ATE, ZIP CODE		
RICHMON	D HILL REST HOME # 1	95 RICHM	OND HILL ROA	AD		
TAIOTIMOTE	D THEE REOT HOME # 1	ASHEVILL	.E, NC 28806			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULI		COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF	RIATE	DATE
				DEFICIENCY)		
D 259	Continued From page	20	D 259			
D 200	Continued From page	, 20				
	-The resident was to	stop drinking juices and				
	lemonade, limit carbo	hydrates to 45 gm per meal				
	and 15gm snacks.					
	J					
	Review of Resident #	2's endocrinologist's Facility				
		1 and 05/17/21 revealed:				
		1/21 to check FSBS twice				
		eakfast and once before				
	bedtime.	eaklast and once before				
		7/21 to check the FSBS				
	-	ore breakfast and once				
	before bedtime.					
	-An order dated 05/17					
	(orange, apple, grape	e or lemonade).				
	Review of a care plan	for Resident #2 dated				
	03/26/21 revealed:-Th	ne care plan was created				
	before she was disch	arged from the rehab center				
	to the facility (therefor	•				
		ne activities of daily living				
	were documented as					
	independent in areas					
	,ambulation, bathing,					
	grooming/personal hy					
		cian orders were incorrect.				
	• •					
		nentation of new diabetes				
	diagnosis.					
	-There was no docum					
	diabetic medications (FSBS).	or finger stick blood sugars				
	-There was no docum	nentation of difficulty with				
	ambulation and thera	py orders.				
		nentation of dietary issues				
		endocrinologist's visit.				
	-There was no physic					
		ot updated to include the				
	recent hospitalization	•				
	. 2 30/11 1100pitalization	and tollab stays.				
	Interview with Medica	ition Aide (MA) on 06/01/21				

Division of Health Service Regulation

at 3:57am revealed:

STATE FORM 500 5UCN11 If continuation sheet 21 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		HAL011376	B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DICUMON	ID IIII I DECT LIOME # 4	95 RICH	MOND HILL ROAD			
RICHMON	ID HILL REST HOME # 1	ASHEVI	LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X: (EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DAY DEFICIENCY)		
D 259	Continued From page	21	D 259			
	care plansShe had completed to on 03/26/21Resident #2 was at a and not in the facilityShe had filled out the Resident #2's return to the Interview with the Property Aide (PM/MA) on 06/2-The MA's were responsed to the plant of the had not been at PM/MA for the last 5 shortage.	e care plan in preparation for to the facility. sperty Manager/Medication 01/21 at 4:30pm revealed: consible for completing and eplans. le to perform her duties as				
D 276	11:08am revealed: -The MA's are resporShe did not know Recurrent care planCare plans should be residents were in the lt had been an "ongo documents were in the 10A NCAC 13F .0902 (c) The facility shall a following in the reside (3) written procedures a physician or other liand (4) implementation of	oing thing" to ensure the residents' records. 2(c)(3-4) Health Care 2 Health Care ssure documentation of the	D 276			

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 22 of 66

PRINTED: 06/23/2021 FORM APPROVED

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	, and the second		7. BOILDING.		R	
		HAL011376	B. WING		06/02/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, STA	TE, ZIP CODE		
DICHMON	ID LIIL I BEST LIOME # 4	95 RICHM	OND HILL ROA	AD		
RICHMON	RICHMOND HILL REST HOME # 1 ASHEVIL					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
D 276	Continued From page	e 22	D 276			
	Rule.					
	Traio.					
	This Rule is not met	as evidenced by:				
TYPE B VIOLATION						
	reviews, the facility fa	ns, interviews, and record iled to implement 1 of 3 sampled residents				
		ng an order for a finger stick				
		complete blood count (CBC)				
		olete metabolic panel (CMP),				
		moglobin A1C (HbA1C),				
	microalbumin, TSH a	nd Free T4.				
	The findings are:					
	Review of Resident #	2's current FL2 dated				
	03/17/20 revealed:					
	-Diagnoses included					
	osteopenia, coronary					
		a, personality disorder, and				
	obesity.	to check blood glucose				
	levels daily at 8:00am					
	-					
		2's Post Discharge Plan and				
	Summary sheet from dated 04/05/21 revea	a local rehabilitation facility				
		।eɑ: s of type 2 diabetes mellitus,				
	_	kidney, chronic obstructive				
		COPD), hypertension, and				
	morbid obesity due to					

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 23 of 66

MANE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 RICHMOND HILL REST HOME # 1 SUMMARY STATEMENT OF DEPOISNOES (EACH DEPOISNOY SUSTEEMENT OF DEPOISNOES) (EACH DEPOISNOY ALID SEE PRECEDED BY FULL REGULATORY OR I.S. DIENTIFYING INFORMATION) D 276 Continued From page 23 -She was admitted to the rehabilitation center, from the local hospital, on 03/20/21 and was discharged on 04/05/21. Review of a Telephone Note (documented phone call from resident to physicians office about not receiving any of her medicationsThey would set-up telehealth visit. Review of an endocrinologist's telehealth visit note for Resident #2 dated 05/07/21 revealed: -Patient was recently admitted to the hospital in March 2021 for a partial nephrectomyHer last HbA1C (a lab test used to measure the amount of blood sugar attached to the hemoglobin over a period of 3 months) was 7.0% in January 2020. 1. Review of an endocrinologist's telehealth visit note for Resident #2 dated 05/07/21 revealed: -They did not receive a blood sugar to the review for the telehealth visit. -The facility was not checking her blood sugarsThe resident checked her own blood sugars the morning of 05/07/21 and it was 224.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER RICHMOND HILL REST HOME #1 STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806 CANID PRETIX SUMMARY STATEMENT OF DEFICIENCIES DEFINITY OF DEFICIENCY STATEMENT OF DEFICIENCIES DEFINITY OF DEFICIENCY STATEMENT OF DEFICIENCY STA		UAL 044070		B. WING		1	
RICHMOND HILL REST HOME # 1 SUMMARY STATEMENT OF DEFICIENCIES SAMEVILLE, NC 28806	NAME OF D				TE ZID OODE	1 06/0	2/2021
CALL DEFICIENCY SUMMARY STATEMENT OF DEFICIENCES DEFICIENCY PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCE PREFIX TAG PROVIDER'S PLAN OF CORRECTION (CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) D 276 Continued From page 23 D 276 She was admitted to the rehabilitation center, from the local hospital, on 03/20/21 and was discharged on 04/05/21. Review of a Telephone Note (documented phone call from resident to physician office) from Resident #2's endocrinologist dated 05/04/21 revealed: She spoke to the physicians office about not receiving any of her medications. They would set-up telehealth visit. Review of an endocrinologist's telehealth visit note for Resident #2 dated 05/07/21 revealed: Patient was recently admitted to the hospital in March 2021 for a partial nephrectomy. Her last HbA1C (a lab test used to measure the amount of blood sugar attached to the hemoglobin over a period of 3 months) was 7.0% in January 2020. 1. Review of Resident #2's record revealed there was no order to check FSBS upon return from the rehab facility on 04/05/21. Review of an endocrinologist's telehealth visit note for Resident #2 dated 05/07/21 revealed: They did not receive a blood sugar log to review for the telehealth visit. The facility was not checking her blood sugars. The resident checked her own blood sugars the	NAME OF PI	ROVIDER OR SUPPLIER					
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D 276 Continued From page 23 -She was admitted to the rehabilitation center, from the local hospital, on 03/20/21 and was discharged on 04/05/21. Review of a Telephone Note (documented phone call from resident to physician office) from Resident #2's endocrinologist dated 05/04/21 revealed: -She spoke to the physicians office about not receiving any of her medicationsThey would set-up telehealth visit. Review of an endocrinologist's telehealth visit note for Resident #2' dated 05/07/21 revealed: -Patient was recently admitted to the hospital in March 2021 for a partial nephrectomyHer last HbA1C (a lab test used to measure the amount of blood sugar attached to the hemoglobin over a period of 3 months) was 7.0% in January 2020. 1. Review of Resident #2's record revealed there was no order to check FSBS upon return from the rehab facility on 04/05/21. Review of an endocrinologist's telehealth visit note for Resident #2 dated 05/07/21 revealed: -They did not receive a blood sugar log to review for the telehealth visitThe facility was not checking her blood sugarsThe resident checked her own blood sugarsThe resident checked her own blood sugars.	RICHMON	D HILL REST HOME # 1					
-She was admitted to the rehabilitation center, from the local hospital, on 03/20/21 and was discharged on 04/05/21. Review of a Telephone Note (documented phone call from resident to physician office) from Resident #2's endocrinologist dated 05/04/21 revealed: -She spoke to the physicians office about not receiving any of her medicationsThey would set-up telehealth visit. Review of an endocrinologist's telehealth visit note for Resident #2 dated 05/07/21 revealed: -Patient was recently admitted to the hospital in March 2021 for a partial nephrectomyHer last HbA1C (a lab test used to measure the amount of blood sugar attached to the hemoglobin over a period of 3 months) was 7.0% in January 2020. 1. Review of Resident #2's record revealed there was no order to check FSBS upon return from the rehab facility on 04/05/21. Review of an endocrinologist's telehealth visit note for Resident #2 dated 05/07/21 revealed: -They did not receive a blood sugar log to review for the telehealth visitThe facility was not checking her blood sugarsThe resident checked her own blood sugars.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
-The facility had been checking her FSBS prior to her hospitalization on 03/15/21They gave a verbal order on 05/07/21 to check FSBS before breakfast and at bedtime (twice daily), and the order was faxed to the facilityThe fasting glucose goal was 80-130, glucose goal 2 hours after meals was <180.	D 276	-She was admitted to from the local hospital discharged on 04/05/2 Review of a Telephon call from resident to president #2's endocrirevealed: -She spoke to the phyreceiving any of her management of the process of the phyreceiving any of her management of the process of the phyreceiving any of her management of the process of the phyreceiving any of her management of the phyreceiving any of the phyreceiving any of her management of the phyreceiving any of the phyre	the rehabilitation center, I, on 03/20/21 and was 21. e Note (documented phone hysician office) from nologist dated 05/04/21 //sicians office about not nedications. elehealth visit. nologist's telehealth visit dated 05/07/21 revealed: admitted to the hospital in ial nephrectomy. b test used to measure the rattached to the riod of 3 months) was 7.0% t #2's record revealed there is FSBS upon return from the 6/21. nologist's telehealth visit dated 05/07/21 revealed: a blood sugar log to review otherwise the results of the complete the results of the	D 276			

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 24 of 66

NAME OF PROVIDER OR SUPPLIER HALD11376 # STREET ADDRESS, CITY, STATE, ZIP CODE # STREND FROM PROVIDER OR SUPPLIER # STREET ADDRESS, CITY, STATE, ZIP CODE # STREND FROM PROVIDER OR SUPPLIER # STREET ADDRESS, CITY, STATE, ZIP CODE # STREND FROM PROVIDER OR SUPPLIER # STREET ADDRESS, CITY, STATE, ZIP CODE # STREND FROM PROVIDER OR SUPPLIER # STREET ADDRESS, CITY, STATE, ZIP CODE # STREET ADDRESS, CITY, STATE, ZIP # STREET ADDRESS, CIT	STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MALE OF PROVIDER OR SUPPLIER RICHMOND HILL REST HOME #1 STRECT ADDRESS, CITY, STATE, ZIP CODE STRICHMOND HILL ROAD ASHEVILLE, NC 28906 PROVIDERS PLAN OF CORRECTION SUMMARY STATEMENT OF CERTICIPATES 16 PROVIDERS PLAN OF CORRECTION (FAGIL OPERATOR) REGULATORY OR LSC INSTITY VINS INFORMATION) D 276 Continued From page 24 Review of Resident #2's endocrinologist's Facility Orders dated 05/11/21 to check FSBS twice daily. Once before breakfast and once before bedtime. An order dated 05/11/21 to check FSBS twice daily. Once before breakfast and once before bedtime. Review of Resident #2's endocrinologist's Office visit note dated 05/21/21 revealed: -The facility had not provided any FSBS results since the previous visit on 05/07/21 for reviewThe facility had not been checking her FSBS. Her HibA1C results went up from 7.0% in January 2020 to 8.9% this visitThe plan for the resident included to check FSBS before breakfast and at bedtime. The American Diabetes Association recommends keeping HibA1C levels below 7% and elevated results are an independent risk factor for coronary heart disease and stroke. Review of Resident #2's May 2021 eMAR revealed there was no entry to check FSBS. Interview with Resident #2 on 05/26/21 at 10:25am revealed: -She was admitted to the hospital from 03/15/21 to 03/20/21She was then sent to rehab for 16 daysShe returned to the facility around April 5, 2021The facility was not checking her FSBS as ordered.				A. BUILDING		_	
STATEMENT STATEMENT OF DEFICIENCES CAS ID SUMMARY STATEMENT OF DEFICIENCES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY D 276 Continued From page 24 Review of Resident #2's endocrinologist's Facility Orders dated 05/11/21 to check FSBS twice daily. Once before breakfast and once before bedtime An order dated 05/17/21 to check FSBS twice daily. Once before breakfast and once before bedtime Review of Resident #2's endocrinologist's office visit note dated 05/21/21 revealed: -The facility had not provided any FSBS results since the previous visit on 05/07/21 for review -The facility had not been checking her FSBS -Her HbA1C results went up from 7.0% in January 2020 to 8.8% this visit -The plan for the resident included to check FSBS before breakfast and at bedtime The American Diabetes Association recommends keeping HbA1C levels below 7% and elevated results are an independent risk factor for corrorary heart disease and stroke Review of Resident #2's May 2021 eMAR revealed there was no entry to check FSBS Interview with Resident #2 on 05/26/21 at 10:25am revealed: -She was admitted to the hospital from 03/15/21 to 03/20/21 -She was then sent to rehab for 16 days -She returned to the facility around April 5, 2021 -The facility was not checking her FSBS as ordered.			HAL011376	B. WING			
ASHEVILLE, NC 28806 ID PROVIDER'S HOME #1 ASHEVILLE, NC 28806	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED TO THE APPROPRIATE COMPILETE TAG	RICHMON	ID HILL REST HOME # 1			.D		
Review of Resident #2's endocrinologist's Facility Orders dated 05/11/21 and 05/17/21 revealed: -An order dated 05/11/21 to check FSBS twice daily. Once before breakfast and once before bedtimeAn order dated 05/17/21 to check HFSBS twice daily. Once before breakfast and once before bedtime. Review of Resident #2's endocrinologist's office visit note dated 05/21/21 revealed: -The facility had not provided any FSBS results since the previous visit on 05/07/21 for reviewThe facility had not been checking her FSBSHer HbA1C results went up from 7.0% in January 2020 to 8.8% this visitThe plan for the resident included to check FSBS before breakfast and at bedtime. The American Diabetes Association recommends keeping HbA1C levels below 7% and elevated results are an independent risk factor for coronary heart disease and stroke. Review of Resident #2's May 2021 eMAR revealed there was no entry to check FSBS. Interview with Resident #2 on 05/26/21 at 10:25am revealed: -She was admitted to the hospital from 03/15/21 to 03/20/21She was then sent to rehab for 16 daysShe returned to the facility around April 5, 2021The facility was not checking her FSBS as ordered.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF	D BE COMPLETE	
daily currently. -One medication aide (MA) did not check FSBS, and the other MAs did, but not consistently.	D 276	Review of Resident # Orders dated 05/11/2 -An order dated 05/17 daily. Once before brobedtimeAn order dated 05/17 twice daily. Once before before bedtime. Review of Resident # visit note dated 05/21 -The facility had not price the previous visus of the previous visusThe facility had not price the previous visusThe facility had not be the results with the previous visusThe plan for the resident # The American Diabett keeping HbA1C level results are an indeperior coronary heart disease. Review of Resident # revealed there was not consideredShe was admitted to to 03/20/21She was then sent to conderedThe facility was not conderedThey were supposed daily currentlyOne medication aided.	2's endocrinologist's Facility 1 and 05/17/21 revealed: 1/21 to check FSBS twice eakfast and once before 7/21 to check the FSBS ore breakfast and once 2's endocrinologist's office //21 revealed: provided any FSBS results office of 100 of 10	D 276			

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 25 of 66

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING			
		HAL011376	B. WING		R 06/02/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 1		OND HILL ROA E, NC 28806	D		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 276	Continued From page	25	D 276			
	did not check FSBS, soversee the MAs.	she was only responsible to				
	Interview with the MA revealed:	on 05/27/21 at 3:55pm				
	-She was responsible Resident #2.	to check blood sugars for				
		rs to check FSBS once daily then it changed to twice				
	daily, but it did not show up on the eMAR and she could not locate the actual orders.					
		sident #2's FSBS in the				
		2's facility Charting Notes				
	revealed: -There were no docur 04/05/21 and 05/08/2	mented FSBS between 1.				
	05/09/21 at 8:05a					
	05/22/21 at 8:40a 05/23/21 at 8:09a					
	05/26/21 at 9:21a 05/26/21 at 7:13p					
	05/27/21 at 7:12a 05/27/21 at 7:25p					
	05/31/21 at 8:11ն 05/21/21 at 8:00կ	am was 135				
		with the Pharmacist from the harmacy on 05/28/21 at				
		nt orders from the 05/27/21 et on the eMAR to check				
		nitted Resident #2 in their and there were no orders for				
	Interview with Reside	nt #2's endocrinologist				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 26 of 66

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL011376	B. WING		R 06/02/2021	
		HALUTI376			06/02/2021	—
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DICHMON	D HILL REST HOME # 1	95 RICHMO	OND HILL ROA	ND.		
KICHWION	D HILL REST HOWE # 1	ASHEVILL	E, NC 28806			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		:
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DATE	
				,		\dashv
D 276	Continued From page	e 26	D 276			
	medical assistant on	05/28/21 at 1:05nm				
	revealed:	00/20/21 at 1.00pm				
		a telehealth visit and gave a				
		cility staff to check FSBS				
	twice daily.					
	-They faxed a hard co	opy order to the facility on				
	05/11/21 to check FS	BS twice daily.				
		1/21 order to the facility's				
	pharmacy for the FSE					
		from Resident #2, their				
	office faxed a third or	•				
	05/17/21 for FSBS to	be obtained twice daily.				
	Intonuious with the MA	on 06/01/21 at 2:00pm and				
	3:57pm revealed:	on 06/01/21 at 3:00pm and				
	 The facility had receir rehab for Resident #2 	ived discharge orders from				
	-The discharge orders	s were faxed to the				
	pharmacy upon her re 04/05/21).	eturn to the facility (around				
	-She could not find th	e discharge FL2 from the				
	rehab facility.					
	-She knew the orders					
		ie eMARS had changed.				
		was not on the eMARs when				
	Resident #2 returned					
	-	sible to enter the FSBS in				
		could perform the task.				
	eMAR".	nes to add them to the				
		entral fax machine in the				
	main office.	onadi ida mdonino in tilo				
		rs do not make it to the				
	facility from the main					
		/MA on 06/01/21 at 4:30pm				
	revealed:	As anton all tables				
	-She was responsible treatments into the el	e to enter all tasks and MAR.				

Division of Health Service Regulation

-She would have entered the FSBS on the eMAR

STATE FORM 500 5UCN11 If continuation sheet 27 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL011376	B. WING		06	R 5/ 02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	-	
DICHMON	DULL BEST LOME # 4	95 RICH	MOND HILL ROAD)		
RICHMON	D HILL REST HOME # 1	ASHEVII	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 276	Continued From page	e 27	D 276			
	if she had an order fo	r it.				
	06/02/21 at 11:10am	vith the Administrator on revealed she was not aware 05/07/21 to obtain FSBS				
	Refer to telephone int Administrator on 06/0					
	telehealth visit note d -Her last HbA1C was -There was an order of included a complete to differential, comprehe (CMP), fasting lipid pa hemoglobin A1C (Hba stimulating hormone of (free T4).	blood count (CBC) with ensive metabolic panel				
	medical assistant on revealed: -They faxed a lab ord for CBC with different fasting glucose, HgbA Free T4, which were -On 05/21/21 the end the labs in their office failed to obtain them.	nt #2's endocrinologist 05/28/21 at 1:05pm er to the facility on 05/07/21 cial, CMP, fasting lipid panel, A1C, microalbumin, TSH and never set-up by the facility. ocrinologist's office obtained because the facility had				
	physician's order date differential, CMP, fast	ed 05/07/21 for CBC with ting lipid panel, fasting roalbumin, fasting glucose,				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 28 of 66

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
			A. BOILDING		
		HAL011376	B. WING		R 06/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STAT	E, ZIP CODE	
RICHMON	D HILL REST HOME # 1		OND HILL ROAD E, NC 28806)	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
D 276	Continued From page	≥ 28	D 276		
	note dated 05/21/21 r increased to 8.8% this	t2's endocrinologist's visit revealed her HbA1C had s visit (elevated results are actor for coronary heart			
	05/07/21 for labsThe facility had a cer office, but not in this f	evealed: eceived an order dated ntral fax machine in the main facility. ed to the office did not			
	Aide (PM/MA) on 06/0 -"Information from the us if we ask for themThey did not always information from the p -The MAs are responsappointments and foll -She had not been ab PM/MA for the last 5 is shortageHer duties as PM/MA processing new order supervision of the me Telephone interview v 06/02/21 at 11:10am	receive telehealth visit note provider. sible to set-up lab low-up on all orders. ple to perform her duties as months due to staff A included oversight of re and training and			
	Refer to telephone int Administrator on 06/0				
	Telephone interview v	with the Administrator on			

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 29 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		HAL011376	B. WING		R 06/02/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		95 RICHMO	ND HILL ROA	.D	
RICHMON	D HILL REST HOME # 1	ASHEVILL	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 276	Continued From page	29	D 276		
2 2.0	276 Continued From page 29 06/02/21 at 11:10am revealed: -The PM/MA was responsible to send orders from the main office to each MA for processingShe expected all orders to be implemented by the MAs or the PM. The facility failed to ensure physician orders were implemented for Resident #2 with orders to check finger stick blood sugar (FSBS) and obtain labs for CBC with differential, CMP, fasting lipid panel, fasting glucose, HbA1C, microalbumin, TSH, Free T4, putting her at risk for hyperglycemia, hypoglycemia, coronary artery disease, and stroke. The facility's failure was detrimental to the health, safety, and welfare of the resident and constitutes a Type B Violation.				
	The facility provided a accordance with G.S. this violation.	a plan of protection in 131D-34 on 05/29/21 for			
	CORRECTION DATE VIOLATION SHALL N 2021.	FOR THE TYPE B IOT EXCEED JULY 17,			
D 292	10A NCAC 13F .0904 Service	(c)(3) Nutrition And Food	D 292		
	10A NCAC 13F .0904 Nutrition and Food Service (c) Menus In Adult Care Home: (3) Any substitutions made in the menu shall be of equal nutritional value, appropriate for therapeutic diets and documented to indicate the foods actually served to residents.				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 30 of 66

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY PLETED
,	5. 55. ii. 25. ii. ii.	152.11.116.11.16.11.16.11.15.11.1	A. BUILDING:			
						R
		HAL011376	B. WING		06	/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E. ZIP CODE		
			MOND HILL ROAL			
RICHMON	ID HILL REST HOME # 1		LE, NC 28806	,		
0// 15	STIMMADV ST		,	PROVIDER'S PLAN OF CO	PRECTION	0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
D 292	Continued From page	30	D 292			
	interviews the facility	ns, record reviews and				
	The findings are:					
	Interview with a Medie 05/26/21 at 9:22am re residents currently res	evealed there were 11				
	were to receive Coun scalloped corn, Bruss	ar diet for the noon meal try pork loin with gravy, els sprouts, wheat dinner ne, fruit gelatin with whipped				
	05/26/21 at 12:18pm -Macaroni noodles we on a cookie sheetA can of tomato saud directly onto the maca	ful of cheddar cheese was				
	macaroni noodles. -The cookie sheet wa the cheese approxima spatula was used to p bowls. -There was a small pe brand lemonade or th also served. -This was served to 7	s placed in the oven to melt ately 4-5 minutes, and a place the macaroni into each fruit cup and a name e beverage of their choice				
	ketchup, no bread, fru -One resident receive	d 2 not dogs, no buris, with uit cup and a glass of milk. d 2 hot dog on a slice of not dog, a small cup of				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 31 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED	
						R
		HAL011376	B. WING		06	/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RICHMON	ID HILL REST HOME # 1		MOND HILL ROAD			
		ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 292	Continued From page	: 31	D 292			
	mayonnaise, a blueb -One resident did not	erry muffin, and a fruit cup. eat lunch.				
	were to receive oven casserole, spinach, co	or 05/27/21 revealed ar diet for the noon meal fried chicken, mash potato ornbread, margarine, peach beverage of their choice.				
	meal revealed egg sa	/21 at 11:40am of the noon lad, mashed potatoes, s, butter, a brand-named the beverage of their				
	o5/26/21 at 11:15am of a control of the control of	a regular diet. to follow the menus. consibility for ensuring the ing nutritionally adequate able in the facility as well as ent of the office that staff ure the menus were being e get it or let someone in				
	revealed: -She did not go by the she had on handShe did not have a s resident mealsShe did not have the the menu as it was listing-All the residents were she had explained to					

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 32 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R
		HAL011376	B. WING		06/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE	
RICHMON	ID HILL REST HOME # 1		IOND HILL ROA LE, NC 28806	D	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
D 292	for her concerns about Interviews with 5 of 1° 12:30pm -12:50pm re-"It was good." -The meal was "ok" be had asked for a secont was not what she was not home. She knew she was not pasta and bread so stelseShe had wanted a hocould not because she	ministrator had no answer ut the meals. 1 residents on 05/26/21 at vealed: ut she was still hungry and helping. vould have fixed at home	D 292		
D 310	Service 10A NCAC 13F .0904 (e) Therapeutic Diets (4) All therapeutic die supplements and thic served as ordered by This Rule is not met TYPE B VIOLATION Based on observation interviews the facility diets for a resident on	Re(e)(4) Nutrition and Food Re Nutrition and Food Service Is in Adult Care Homes: Rets, including nutritional Rethe Rened liquids, shall be Ithe resident's physician. Respectively: R	D 310		

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 33 of 66

STATEMENT OF DEFICIENCIES (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		1 ` '	(X3) DATE SURVEY COMPLETED	
			A. BOILBING.			R	
		HAL011376	B. WING			02/2021	
NAME OF PROVIDER OR SU	JPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
RICHMOND HILL REST	HOME # 1		OND HILL ROA .E, NC 28806	ND.			
PREFIX (EAC	H DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
a resident primary phoremary phorema	te controll (Resident ; ysicians for sare: of Resident ; ysicians for sare: of Resident ; yealed dia , arthritis, yout, vertigend obesity to a rehabilitation where the control of the c	ed with no fruit juices diet for #2) as ordered by their r 2 of 3 sampled residents. Int #2's current FL2 dated agnoses included osteopenia, coronary artery o, schizophrenia, personality of the facility's Post Discharge heet for Resident #2 dated diagnosis of type 2 diabetes E2's endocrinologist's ated 05/07/21 revealed: admitted to the hospital in tial nephrectomy (removal of 10% in January 2020 (a 10w 5.7% and is measured sugar level over the last order to stop drinking juices tarbohydrates to 45 gm per ks.	D 310				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 34 of 66

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		HAL011376	B. WING		0(R 6/ 02/2021
	ROVIDER OR SUPPLIER ID HILL REST HOME # 1	95 RICHI	DDRESS, CITY, STATE MOND HILL ROAD LLE, NC 28806	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 310	even higher than in Ja-The plan for the reside before breakfast and carbohydrates' for mediet soda, have fruit wis nack. Review of the "Reside refrigerator in the kitorevealedEach residents first a on the left side of the The residents diet or residents name on the Resident #2 had regilled Review of the therape a NCS diet revealed to menu available to review of the therape a NCS diet revealed the ritems or drinks for residents of the off 05/26/21 at 11:05 review sugar-free food items Observation of the off 05/26/21 at 12:18pm -She received two bosauce and cheddar cland approximately at lemonade. Observation of the kit 9:38am revealed there items or drinks for residents of the kit 9:38am revealed there items or drinks for residents or	dent included check glucose at bedtime, continue to limit eals and snacks, switch to with meals and not as a sent Diet Sheet" on the hen on 05/26/21 at 9:39am and last name was on the list paper. der was beside the eright side of the paper. ular beside her name. Seutic menu for residents with here was no therapeutic iew. Ichen pantry on 05/26/21 at ewere no sugar-free food sidents. Fice downstairs pantry on ealed there were no or drinks for residents. Fice name for Resident #2 on and 12:25pm revealed: will of macaroni with tomato neese, a peaches fruit cup 16 oz. cup of a named brand other pantry on 05/26/21 at ewere no sugar-free food	D 310			

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 35 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					
		HAL011376	B. WING		R 06/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE ZIP CODE	
			OND HILL ROA		
RICHMON	D HILL REST HOME # 1			D.	
	Г	ASHEVILL	.E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
D 310	Continued From page	e 35	D 310		
D 310	nutritional information on 05/27/21 at 11:47a-The first two ingredie (a type of sugar found fruit). -There were 24 grams added sugars and it value. -There were 26 grams Observation of the no 05/27/21 at 11:40am mashed potatoes, coland approximately a lemonade. Interview with the Me 05/27/21 at 11:26am-She was not aware of #2 having a carbohyd lemonade or fruit drin-She had been emplo 2020 and had not beet therapeutic menus. -The facility had no sudrink she could serve Interview with Reside 10:43am revealed: -She was aware of the endocrinologists had	a for a 12-fluid ounce glass am revealed: ents were sugar and fructose d especially in honey and so of sugar and 24 grams of would be 47% of the daily so of carbohydrates. Soon meal for Resident #2 on revealed egg salad, rnbread, asparagus, butter, 16 oz. cup of named brand dication Aide (MA) on revealed: of any resident or Resident late controlled diet with no ks diet. Soyed with the since August of en provided with any sugar free items to eat or the residents. Int #2 on 05/28/21 at e orders the	D 310		
	facility offered and ha physician of her conc -She knew she wasn' physician wanted but Interview with the end	d told the MA and her erns. t eating and drink like her didn't know what else to do. docrinologist's medical			
	l assistant for Resident	t #2 on 05/28/21 at 1:05pm	1		

Division of Health Service Regulation

revealed:

STATE FORM 500 5UCN11 If continuation sheet 36 of 66

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SU	
			A. BUILDING: _			
	HAL011376 B. WING			06/02	2/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 1		OND HILL ROA	D		
	OLUMBA DV OT		E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 310	Continued From page	e 36	D 310			
	on 05/11/21 to not give with sugar, to stop give and to limit carbohydre 15gm snacks. -Increased sugar lever risk for heart attack at lit was not good that uncontrolled carbohydremonade. -Resident #2's diet has attempt to lower her her to 8.8%).	Resident #2 was eating drates and drinking regular				
	Owner on 05/26/21 at					
	2. Review of Resident #1's current FL2 dated 01/25/21 revealed: -Diagnoses included type II diabetes mellitus, depression, bipolar disorder, GERD, chronic constipation, epilepsy, peripheral neuropathy, borderline personality disorder, and post-traumatic stress disorderThere was an order for a no concentrated sweets (NCS) diet. Review of Resident #1's record revealed hgbA1C was 7.5% on 05/14/21(a normal hgbA1C is below 5.7% and is measured by the average blood sugar level over the last three months). Review of the "Resident Diet Sheet" that was on the refrigerator in the kitchen on 05/26/21 at 9:39amEach residents first and last name was on the list on the left side of the paperThe residents diet order was beside the resident's name on the right side of the paperResident #1 had regular beside her name.					

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 37 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
,		.52	A. BUILDING: _	A. BUILDING:		
		HAL011376	B. WING	B. WING		2/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 1		OND HILL ROA	ND.		
			E, NC 28806		1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
D 310	Continued From page	e 37	D 310			
	Review of the therapeutic menu for residents with an NCS diet revealed there was no therapeutic menu available to review. Observation of the kitchen pantry on 05/26/21 at 9:38am revealed there were no sugar-free food items or sugar-free drinks available to serve the residents. Observation of the office downstairs pantry on 05/26/21 at 11:05 revealed there were no sugar-free food items or sugar-free drinks available to serve the residents.					
	05/26/21 at 12:18pm	oon meal for Resident #1 on revealed she received 2 hot bread, a fruit cup and a				
	05/27/21 at 11:40am	oon meal for Resident #1 on revealed egg salad, mashed asparagus, butter, and milk.				
	diet.	revealed: of any resident having a NCS				
	NCSShe had been employed had not been provide -She was not aware FidietThe facility had no su	of any dietary orders for any dietary orders for any ed since August 2020 and dany therapeutic menus. Resident #1 was on a NCS augar free items to eat nor				
	any sugar free items residents. Interview with Reside revealed:	nt #1 on 05/27/21 at 1:00pm				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 38 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		HAL011376	B. WING		R 06/02/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
DICHMON	DINI DESTUDIE #4	95 RICHMO	ND HILL ROA	D		
RICHMON	D HILL REST HOME # 1	ASHEVILLI	E, NC 28806			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
D 310	Continued From page	e 38	D 310			
D 310	-She was aware of he was on a NCS dietShe had purchased he related to her diet ordThe facility did not prodrinksThe facility did not provide residents. Attempted interview with the care physician on 05/unsuccessful. Refer to interview with Owner on 05/26/21 at 11:15amThey did not have any available as the facility menusThey were both unaversidents in the facilityThe MA and the Propresponsible for review ensuring orders were. The facility failed to proconsisting of a residence controlled and no juic (Resident #2) and a resident #1) as order of 3 sampled resident both residents hgbA1 detrimental to the head	er dietary needs and that she her own food and snacks er. rovide sugar free foods or rovide NCS diets for diabetic with Resident #1's primary 28/21 at 12:06pm was In the Administrator and It 11:15am. ministrator and Owner on revealed: hy residents who required a with the therapeutic diet menu's y only had regular diet ware there were two y with NCS diet orders. Derty Manager were wing physician orders and correct and being followed. rovide therapeutic diets int with a carbohydrate e or lemonade diet esident with a NCS diet ared by their physicians for 2 are resulting in the increase in C. This failure was alth, safety, and welfare of	D 310			
	of 3 sampled resident both residents hgbA1 detrimental to the hea	ts resulting in the increase in C. This failure was				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 39 of 66

PRINTED: 06/23/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _	A. BUILDING:		
		HAL011376	B. WING		R 06/02/	/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 1		ND HILL ROA	D		
			E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
D 310	Continued From page	39	D 310			
	The facility provided a plan of protection in accordance with G.S. 131D-34 on 06/23/21 for this violation.					
	CORRECTION DATE VIOLATION SHALL N	FOR THE TYPE B IOT EXCEED July 17, 2021.				
D 358	10A NCAC 13F .1004 Administration	(a) Medication	D 358			
	10A NCAC 13F .1004 Medication Administration (a) An adult care home shall assure that the preparation and administration of medications, prescription and non-prescription, and treatments by staff are in accordance with: (1) orders by a licensed prescribing practitioner which are maintained in the resident's record; and (2) rules in this Section and the facility's policies and procedures.					
	reviews, the facility fa medications as ordered practitioner during the for 1 of 2 residents (R medication used to tree (Resident #1) and for (Residents #2 and #3) treat high blood sugar	is, interviews and record illed to administer ed by a licensed prescribing morning medication pass lesident #1), including a eat bipolar disorder 2 of 3 sampled residents), including a medication to es (Resident #2), and reat shortness of breath and				
	The findings are:					
	01/25/21 revealed:	t #1's current FL2 dated depression, bipolar disorder,				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 40 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE			SURVEY PLETED	
7.1.12 . 27.1.1	5. GGT1267.1611		A. BUILDING:			
		HAI 011376 B. WING			R	
		HAL011376			06	/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
RICHMON	ID HILL REST HOME # 1		MOND HILL ROAD)		
		ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 40	D 358			
	and post-traumatic strains and post-traumatic strains an order for treat bipolar disorder)	or Depakote ER 500mg (to				
	Review of Resident #1's record revealed a physician's order dated 02/04/21 for Depakote ER 500mg every morning with 3 refills.					
		orning medication pass on evealed Depakote 500mg to Resident #1.				
	Review of Resident #1's May 2021 electronic medication administration record (eMAR) revealed: -There was a computer-generated entry for					
	Depakote ER 500mg, mood. -Depakote ER 500mg administered at 8:00a					
	Observation of Reside available for administ 10:52am revealed the 500mg available for a medication cart.	ration on 05/26/21 at ere was no Depakote ER				
	Resident #1 because medication cartShe accidentally man administeredShe was unsure of w	revealed: er Depakote ER 500mg to it was not available on the rked the medication as when the medication ran out. 15/23/21 and the medication				
	Interview with Reside 12:22am and 12:41pr	nt #1 on 05/26/21 at n revealed she did not				

Division of Health Service Regulation

STATE FORM 5899 5UCN11 If continuation sheet 41 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
74101 2741	or contraction	ISEITH IS MIGHTIGHTE	A. BUILDING: _	A. BUILDING:		
		HAL011376	B. WING		06/0	2/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 1	95 RICHMO	OND HILL ROA	ND.		
			E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETE DATE
D 358	Continued From page	e 41	D 358			
	receive the Depakote pass this morning.	ER during the medication				
	primary care provider					
	12:06pm was unsuccessful. Telephone interview with the Pharmacist from the facility's contracted pharmacy on 06/02/21 at 9:56am revealed: -The pharmacy was responsible for dispensing Resident #1's Depakote ER 500mg. -The pharmacy had dispensed a 31-day supply of Depakote ER 500mg, take one tablet daily to Resident #1 on 04/20/21 and 05/26/21. -He was unsure why the medication was not sent prior to 05/26/21 because the facility was on cycle fill, and the start date of scheduled medications is the 20th of each month. -Medications on cycle fill are sent a few days prior to the 20th of each month. -It was possible that she had missed a few doses prior to 05/26/21.					
	06/02/21 at 11:10am	vith the Administrator on revealed she was not aware out of Depakote ER 500mg.				
	Refer to interview with Manager/Medication at 4:30pm.	h the Property Aide (PM/MA) on 06/01/21				
	Refer to telephone interview with the Administrator on 06/02/21 at 11:10am.					
	03/17/20 revealed dia depression, arthritis, of	osteopenia, coronary artery o, schizophrenia, personality				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 42 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
						R
		HAL011376	B. WING		06	5/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE	-	
TO UNIC OT T	NOVIDEN ON OUR PEIER		MOND HILL ROAD	, 211 0002		
RICHMON	ID HILL REST HOME # 1		LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE ITHE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	2 42	D 358			
	summary sheet from dated 04/05/21 reveal. She had a diagnoses acquired absence of pulmonary disease (Comorbid obesity due to She was admitted to from the local hospital discharged on 04/05/2. Review of Resident #-There was an order or rehabilitation facility for inject 0.25ml (0.5mg) day every (used to tre-Review of the rehabilitation list which Ozempic 2mg/1.5ml (every Friday, with a sum of the control of t	s of type 2 diabetes mellitus, kidney, chronic obstructive COPD), hypertension, and o excess calories. the rehabilitation center, al, on 03/20/21 and was 21. 2's record revealed: dated 04/01/21 from the or Ozempic 2mg/1.5ml, dose inject SQ one time a eat diabetes mellitus type II). litation Order Summary 1 revealed a discharge included to continue (0.25mg or 0.5mg/dose) tart date of 03/26/21. physician's orders sheet				
	-Patient was recently	ated 05/07/21 revealed: admitted to the hospital in				
	for the telehealth visit -The endocrinologist's there were no diabeti -Her last hemoglobin	a blood sugar log to review s office was "alarmed that c medications on her MAR." A1C (HbA1C) was 7.0% in est used to measure the				
	hemoglobin over a pe					

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 43 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _		_	
		HAL011376	B. WING		R 06/02/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 1		OND HILL ROA E, NC 28806	D.		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		
D 358	Continued From page	e 43	D 358			
	OzempicShe reported being we months." -The endocrinologist pharmacy on 05/07/2 injection once weekly increase to 0.5mg one-The Ozempic order with pharmacy provider or Review of Resident # visit note dated 05/21 -They had faxed a neinjection once weekly -She had her first Oze-Her HbA1C was up to	1 for Ozempic 0.25mg SQ for 2 weeks and then ce a week thereafter. was faxed to the facility's n 05/07/21. 2's endocrinologist's office /21 revealed: w order for Ozempic on 05/07/21. empic injection on 05/18/21.				
	keeping HbA1C levels results are an indeper coronary heart diseas					
	Review of Resident #2's April 2021 electronic medication administration record (eMAR) revealed there was no entry (for the order written on 04/01/21) for Ozempic 2mg/1.5ml, inject 0.25ml (0.5mg) dose inject SQ one time a day every Friday.					
	Ozempic 0.25-0.5mg once weekly for 14 da and ending on 05/25/	er-generated entry for dose, inject 0.25mg sub-q ays, beginning on 05/11/21 21. g was documented as 8/21 and 05/25/21. pic documented as				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 44 of 66

STATEMENT OF DEPICIENCES AND PLAN OF CORRECTION AND PLAN OF CORRECTION DENTIFICATION NUMBER: NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JIP CODE SER RICHMOND HILL RST HOME #1 STREET ADDRESS, CITY, STATE, JIP CODE SER RICHMOND HILL RST HOME #1 STREET ADDRESS, CITY, STATE, JIP CODE SER RICHMOND HILL ROAD ASHEVILLE, NC 28806 DAMMARY GRATIMENT OF DEPICEMENT WILL REQUIATORY OR LSC IDENTIFYING INFORMATION; PROVIDED THE WAS A COMPUTED THE APPROPRIATE D 358 Continued From page 44 -There was a computer-generated entry for Ozempic 0.25-0.5 mg dose, inject 0.5mg sub-q once weekly, dated 05/25/21. Interview with Resident #2 on 05/26/21 at 10.25am revealed: -She was admitted to the hospital from 03/15/21 to 03/20/21. -Her medications had not been correct until the past 2 weeks. -Medication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's office. -She had not been given her Ozempic injection as ordered. -She had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1.05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medications. -On 05/07/21 they had a telehealth visit and gave a verbal order to the facility or restart Ozempic 0.25mg SQ weekly. -They faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/07/21 at 2.00pm revealed: -A box of two Ozempic img/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week. -The pharmacy label two dated with a fill date of	Division of Health Service Regulation						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL ROAD ASHEVILLE, NC 2886 PROVIDER OR SUPPLIER SIMMARY STATEMENT OF DEPOCINCING (PACH DEPOCINCY MUST BE PRECEISED BY YAIL, PRETAT TAG D 358 Continued From page 44 There was a computer-generated entry for Ozempic 0.25-0.5mg dose, inject 0.5mg sub-q once weekly, dated 05/25/21. Interview with Resident #2 on 05/26/11 at 10.25am revsaled: She was admitted to the hospital from 03/15/21 to 03/20/21. -Her medications had not been correct until the past 2 weeks. -Medication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's office. -She had not been given her Ozempic injection as ordered. -She had not been given her Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1.05pm revaled: -On 05/07/21 Resident #2's endocrinologist's medical assistant on 05/28/21 at 1.05pm revaled: -On 05/07/21 Resident #2's endocrinologist's medical assistant on 05/28/21 at 1.05pm revaled: -On 05/07/21 Resident #2's endocrinologist's medical assistant on 05/28/21 at 1.05pm revaled: -On 05/07/21 Resident #2's endocrinologist's medical assistant on 05/28/21 at 1.05pm revaled: -On 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weekly. -They faxed the Ozempic order to the facility's pharmacy on 05/07/21 at 2.00pm revaled: -A box of two Ozempic Img/dose pens, inject 0.75ml (Img) subcutaneously (SQ) very week.				(X2) MULTIPLE	CONSTRUCTION		
MAIL OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9 RICHMOND HILL REST HOME #1 SIMMANY STATEMENT OF DEPICIPACIES BECH DEPICIENCY MIST BE PRECEDED BY FILL EACH DEPICIENCY MIST BE PRECEDED BY FILL EACH DEPICIENCY OF BLIC DEATFFINIG INFORMATION) D 358 Continued From page 44 - There was a computer-generated entry for Ozempic 0.25-0.5mg dose, inject 0.5mg sub-q once weekly, dated 05/25/21. Interview with Resident #2 on 05/26/21 at 10.25am revealed: - She was then sent to a rehabilitation facility for 16 days. - She returned to the assisted living facility on 04/05/21. - Her medications had not been correct until the past 2 weeks. - Medication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's office. - She had not been without the Ozempic injection or 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1.05pm revealed: - On 05/07/21 Resident #2's endocrinologist's medical assistant on 05/28/21 at 1.05pm revealed: - On 05/07/21 Resident #2's endocrinologist's medical assistant on 05/28/21 at 1.05pm revealed: - On 05/07/21 Replace the diabetic medications. - On 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weekly. - They laxed the Ozempic order to the facility's pharmacy on 05/07/21 at 2:00pm revealed: - A box of two Ozempic ingridose pens, inject 0.75mil (fmg) subcutaneously (SQ) every week.	AND PLAN C)F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
MAIL OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9 RICHMOND HILL REST HOME #1 SIMMANY STATEMENT OF DEPICIPACIES BECH DEPICIENCY MIST BE PRECEDED BY FILL EACH DEPICIENCY MIST BE PRECEDED BY FILL EACH DEPICIENCY OF BLIC DEATFFINIG INFORMATION) D 358 Continued From page 44 - There was a computer-generated entry for Ozempic 0.25-0.5mg dose, inject 0.5mg sub-q once weekly, dated 05/25/21. Interview with Resident #2 on 05/26/21 at 10.25am revealed: - She was then sent to a rehabilitation facility for 16 days. - She returned to the assisted living facility on 04/05/21. - Her medications had not been correct until the past 2 weeks. - Medication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's office. - She had not been without the Ozempic injection or 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1.05pm revealed: - On 05/07/21 Resident #2's endocrinologist's medical assistant on 05/28/21 at 1.05pm revealed: - On 05/07/21 Resident #2's endocrinologist's medical assistant on 05/28/21 at 1.05pm revealed: - On 05/07/21 Replace the diabetic medications. - On 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weekly. - They laxed the Ozempic order to the facility's pharmacy on 05/07/21 at 2:00pm revealed: - A box of two Ozempic ingridose pens, inject 0.75mil (fmg) subcutaneously (SQ) every week.							
MANE OF PROVIDER OR SUPPLIER RICHMOND HILL REST HOME #1 SUPPLIES OF SUPPLIER RICHMOND HILL ROAD ASHEVILLE, NC 28806 PROVIDERS HAN OF CORRECTION. SECURIARY OF SEPCIENCES. FREGULATORY OR LSC IDENTIFYING INFORMATION. D 358 Continued From page 44 -There was a computer-generated entry for Ozempic 0.25-0.5mg dose, inject 0.5mg sub-q once weekly, dated 0.05/25/21. Interview with Resident #2 on 05/26/21 at 10.25am revealed: -She was admitted to the hospital from 03/15/21 to 03/20/21She was then sent to a rehabilitation facility for 16 daysShe returned to the assisted living facility on 04/05/21Her medications had not been correct until the past 2 weeksMedication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 10.5pm revealed: -On 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic Imglose pens, inject 0.75ml (Img) subculaneously (SQ) every week.			HAL011376	B. WING			2/2021
RICHMOND HILL REST HOME #1 SUMMARY STATEMENT OF DEFICIENCISES DEFICIENCISES PROVIDERS PLAN OF CORRECTION (REACH OUR CENTRE PRECEDED BY PLUL) PREFIX REACH OUR CORRECTIVE ACTION SHOULD BE CROSS-REPERRICED OF THE APPROPRIATE ONTO SHOULD BE CROSS-REPERRICED ON SHOULD BE CROSS-REPERRICED. ON SOURCE OF THE APPROPRIATE ONLY IN SHOULD BE CROSS-REPERRICED ON SHOULD BE CROSS-REPERRICED. ON SOURCE OF THE APPROPRIATE ONLY IN SHOULD BE CROSS-REPERRICED. ON SOURCE OF THE APPROPRIATE ONLY IN SHOULD BE CROSS-REPERRICED. ON SOURCE OF THE APPROPRIATE ONLY. IN SHOULD SHOULD BE CROSS-REPERRICED. ON SOURCE OF THE APPROPRIATE ONLY. IN SHOULD S						1 00:02	
CALL	NAME OF P	ROVIDER OR SUPPLIER					
SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG	RICHMON	D HILL REST HOME # 1			D		
PREFIX TAG CACH CORRECTIVE ACTION SPOLLD BE CROSS-REPERENCE TO THE APPROPRIATE DATE	ASHEVIL		ASHEVILI	_E, NC 28806			
D 358 Continued From page 44 -There was a computer-generated entry for Ozempic 0.25-0.5mg dose, inject 0.5mg sub-q once weekly, dated 05/25/21. Interview with Resident #2 on 05/26/21 at 10.25am revealed: -She was admitted to the hospital from 03/15/21 to 03/20/21She was then sent to a rehabilitation facility for 16 daysShe returned to the assisted living facility on 04/05/21Her medications had not been correct until the past 2 weeksMedication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic impidose pens, inject 0.0.5mf (1mg) subcutaneously (SQ) every week.							
D 358 Continued From page 44 -There was a computer-generated entry for Ozempic 0.25-0.5mg dose, inject 0.5mg sub-q once weekly, dated 05/25/21. Interview with Resident #2 on 05/26/21 at 10.25m revealed: -She was admitted to the hospital from 03/15/21 to 03/20/21She was then sent to a rehabilitation facility for 16 daysShe returned to the assisted living facility on 04/05/21Her medications had not been correct until the past 2 weeksMedication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic img/dose pens, inject 0.0.75ml (1mg) subcutaneously (SQ) every week.		,					
-There was a computer-generated entry for Ozempic 0.25-0.5mg dose, inject 0.5mg sub-q once weekly, dated 05/25/21. Interview with Resident #2 on 05/26/21 at 10.25am revealed: -She was admitted to the hospital from 03/15/21 to 03/20/21She was admitted to the hospital from 03/15/21 to 03/20/21She was then sent to a rehabilitation facility for 16 daysShe returned to the assisted living facility on 04/05/21Her medications had not been correct until the past 2 weeksMedication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic img/dose pens, inject 0.7/5ml (1mg) subcutaneously (SO) every week.					DEFICIENCY)		
-There was a computer-generated entry for Ozempic 0.25-0.5mg dose, inject 0.5mg sub-q once weekly, dated 05/25/21. Interview with Resident #2 on 05/26/21 at 10.25am revealed: -She was admitted to the hospital from 03/15/21 to 03/20/21She was then sent to a rehabilitation facility for 16 daysShe returned to the assisted living facility on 04/05/21Her medications had not been correct until the past 2 weeksMedication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic img/dose pens, inject 0.75ml (1mg) subcutaneously (SO) every week.	D 358	Continued From page	2.44	D 358			
Ozempic 0.25-0.5mg dose, inject 0.5mg sub-q once weekly, dated 05/25/21. Interview with Resident #2 on 05/26/21 at 10.25am revealed: -She was admitted to the hospital from 03/15/21 to 03/20/21She was then sent to a rehabilitation facility for 16 daysShe returned to the assisted living facility on 04/05/21Her medications had not been correct until the past 2 weeksMedication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1.05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2.00pm revealed: -A box of two Ozempic img/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.	D 330	Continued From page	<i>3</i> 44	D 330			
once weekly, dated 05/25/21. Interview with Resident #2 on 05/26/21 at 10:25am revealed: -She was admitted to the hospital from 03/15/21 to 03/20/21She was then sent to a rehabilitation facility for 16 daysShe returned to the assisted living facility on 04/05/21Her medications had not been correct until the past 2 weeksMedication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had not been given her Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic Ing/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.							
Interview with Resident #2 on 05/26/21 at 10.25am revealed: -She was admitted to the hospital from 03/15/21 to 03/20/21She was then sent to a rehabilitation facility for 16 daysShe returned to the assisted living facility on 04/05/21Her medications had not been correct until the past 2 weeksMedication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic Img/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.		_					
10:25am revealed: -She was admitted to the hospital from 03/15/21 to 03/20/21She was then sent to a rehabilitation facility for 16 daysShe returned to the assisted living facility on 04/05/21Her medications had not been correct until the past 2 weeksMedication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.		once weekly, dated 0	5/25/21.				
10:25am revealed: -She was admitted to the hospital from 03/15/21 to 03/20/21She was then sent to a rehabilitation facility for 16 daysShe returned to the assisted living facility on 04/05/21Her medications had not been correct until the past 2 weeksMedication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.		Later development					
-She was admitted to the hospital from 03/15/21 to 03/20/21She was then sent to a rehabilitation facility for 16 daysShe returned to the assisted living facility on 04/05/21Her medications had not been correct until the past 2 weeksMedication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) suboutaneously (SQ) every week.			int #2 on U5/26/21 at				
to 03/20/21. -She was then sent to a rehabilitation facility for 16 days. -She returned to the assisted living facility on 04/05/21. -Her medications had not been correct until the past 2 weeks. -Medication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's office. -She had not been given her Ozempic injection as ordered. -She had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medications. -On 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weekly. -They faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.			the hospital from 03/15/21				
-She was then sent to a rehabilitation facility for 16 daysShe returned to the assisted living facility on 04/05/21Her medications had not been correct until the past 2 weeksMedication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1 mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.			110 1100ptar 110111 00, 10,21				
16 daysShe returned to the assisted living facility on 04/05/21Her medications had not been correct until the past 2 weeksMedication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.			o a rehabilitation facility for				
-She returned to the assisted living facility on 04/05/21. -Her medications had not been correct until the past 2 weeksMedication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.			•				
-Her medications had not been correct until the past 2 weeks. -Medication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's office. -She had not been given her Ozempic injection as ordered. -She had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medications. -On 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weekly. -They faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.		_	assisted living facility on				
past 2 weeks. -Medication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's office. -She had not been given her Ozempic injection as ordered. -She had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medications. -On 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weekly. -They faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.							
-Medication changes that were made at rehab had just been corrected by the physician assistant (PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.			I not been correct until the				
had just been corrected by the physician assistant (PA) at the endocrinologist's office. -She had not been given her Ozempic injection as ordered. -She had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medications. -On 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weekly. -They faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.		•	O Commonwealth at walkala				
(PA) at the endocrinologist's officeShe had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.							
-She had not been given her Ozempic injection as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.		1 -					
as orderedShe had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.		. ,	•				
-She had been without the Ozempic injection for 6 weeks. Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medications. -On 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weekly. -They faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.			von nor Ozompio injedia.				
Interview with Resident #2's endocrinologist's medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medications. -On 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weekly. -They faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.			ut the Ozempic injection for				
medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.			• -				
medical assistant on 05/28/21 at 1:05pm revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.							
revealed: -On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.							
-On 05/04/21 Resident #2 had called and reported that she was not getting her diabetic medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.			05/28/21 at 1:05pm				
reported that she was not getting her diabetic medications. -On 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weekly. -They faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.		1010alou.	= 4.40 bad called and				
medicationsOn 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.							
-On 05/07/21 they had a telehealth visit and gave a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.		•	s flot getting flet diabetic				
a verbal order to the facility to restart Ozempic 0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.			ıd a telehealth visit and gave				
0.25mg SQ weeklyThey faxed the Ozempic order to the facility's pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.							
pharmacy on 05/07/21. Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.			•				
Observation of Resident #2's medications on hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.		_	•				
hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.		pharmacy on 05/07/2	:1.				
hand on 06/01/21 at 2:00pm revealed: -A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.		la					
-A box of two Ozempic 1mg/dose pens, inject 0.75ml (1mg) subcutaneously (SQ) every week.							
0.75ml (1mg) subcutaneously (SQ) every week.							

02/11/21.

STATE FORM 6899 5UCN11 If continuation sheet 45 of 66

DIVISION	n nealth Service Regu	ialion			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL011376	B. WING		1
		HALUTI376			06/02/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		95 RICHM	OND HILL ROA	AD.	
RICHMON	D HILL REST HOME # 1		.E, NC 28806		
040.1=	CLIMMADV CT	ATEMENT OF DEFICIENCIES	1	DROVIDERIS DI ANI OF CORRECTIO	d 945
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(- /
TAG			TAG	CROSS-REFERENCED TO THE APPROPR	I
				DEFICIENCY)	
D 358	Continued From page	15	D 358		
D 330	Continued From page	5 43	5 330		
	-The box was marked	l as opened on 05/20/21.			
	-	vith the Pharmacist from the			
	•	harmacy on 05/28/21 at			
	11:52am revealed:				
		rescribed for Resident #2			
	since March 2021.				
		as for Ozempic 0.5mg inject			
	SQ weekly.				
		dated 05/11/21 for 0.25mg			
	SQ weekly for 14 day				
		dated 05/25/21 for 0.5mg			
	SQ weekly.				
	•	tinued in March 2021 and			
		until the 05/11/21 order was			
	received.				
	Interview with the MA	on 05/27/24 at 2:55nm			
	revealed:	on 05/27/21 at 3:55pm			
		zempic 0.25mg injection to			
	Resident #2 on 05/18				
		to give medications in the			
	facility.	to give medications in the			
	racility.				
	Interview with the MA	on 06/01/21 at 3:00pm and			
	3:57pm revealed:	1011 00/0 1/21 at 0:00pin and			
		the discharge orders from			
	rehab for Resident #2				
		he pharmacy upon her			
	return to the facility (a				
	-She could not find the discharge FL2 from the rehab facility.				
	-She knew the orders	were faxed to the			
	pharmacy because th	e eMARS had changed.			
	•	ax machine in the main			
	office.				
	-Sometimes the order	rs do not make it to the			
	facility from the office				
	-She performed cart audits, but mostly only on				

Division of Health Service Regulation

controlled medications.

STATE FORM 500 5UCN11 If continuation sheet 46 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		HAL011376	B. WING	B. WING		R 06/02/2021	
					1 06/0	JZ/ZUZ I	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE				
RICHMON	ID HILL REST HOME # 1		/IOND HILL ROAD .LE, NC 28806				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRI	ECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SECROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	COMPLETE DATE	
D 358	Continued From page	2 46	D 358				
	o6/02/21 at 11:10am -She was made award #2's medications were from the rehabilitation -She had no documer medications and she situation. Refer to interview with Manager/Medication of at 4:30pm. Refer to telephone int Administrator on 06/0 3. Review of Resident 03/17/20 revealed: -Diagnoses included of 2 diabetes non-insulir -Medication included of relieve the symptoms each nostril daily, Ver treat wheezing and she three times daily as no Review of the electron administration record Resident #3 revealed -There was an entry for spray to each nostril of -There was an entry for puffs three times daily -There was no docum	e last week that Resident e "not right" after her return in facility. Intation related to incorrect told the MA about the In the Property Aide (PM/MA) on 06/01/21 Iderview with the 2/21 at 11:10am. It #3's current FL2 dated Ischizophrenia, anxiety, type In type. Ifluticasone 50 mcg (used to Into a fallergies) one spray to Intolin HFA 8 grams (used to Into medication Incomedication Incomedicat					
	Review of the electron	nic medication (eMAR) for May 2021 for					

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 47 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
						R
		HAL011376	B. WING		06	6/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
		95 RICHN	OND HILL ROAD			
RICHMON	ID HILL REST HOME # 1	ASHEVIL	LE, NC 28806			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	Continued From page	÷ 47	D 358			
	spray to each nostril of -There was an entry from the puffs three times daily -There was no docume for the fluticasone 50 grams Review of the medical	or fluticasone 50 mcg one daily. or Ventolin HFA 8 grams 2 / as needed. nentation of administration mcg or the Ventolin HFA 8				
	administration for Resident #3 on 05/27/21 at 1:10pm revealed: -There was no fluticasone 50 mcg available for administrationThere was no Ventolin HFA 8 grams available for administration.					
	05/27/21 at 1:10pm re-She did not know whethe medication cart be pharmacy. -The Property Manag for adding some thing the administrator for the facility.	y the medication was not on ut would check with the er(PM)/MA was responsible ys to the eMAR as she was he eMAR system at the ave been responsible to				
	revealed: -She had difficulty wit any medication for itShe had breathing is currently having any i-She thought the physomething for her but sure.					

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 48 of 66

STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		HAL011376	B. WING		06/02/2021
NAME OF B	ROVIDER OR SUPPLIER	STDEET ADI	DRESS, CITY, STA	TE ZIR CODE	
NAME OF T	NOVIDEN ON 301 1 EIEN		OND HILL ROA		
RICHMON	ID HILL REST HOME # 1		OND HILL ROA .E, NC 28806	AD.	
			1.1. 140 20000		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	D BE COMPLETE
D 358	Continued From page	2 48	D 358		
	facility contracted pharmacy on 05/27/21 at 4:54pm regarding Resident #3 revealed: -There was an original order for fluticasone 50 mcg one spray to each nostril daily on 07/15/20The prescription for fluticasone 50 mcg was				
	never requested to be	e filled by the facility. al order for Ventolin HFA 8			
	grams 2 puffs three ti				
	-There was a new pre	escription written by the			
		t #3 on on 11/02/21 for			
		s 2 puffs three times daily as y had never requested the			
	order be filled.	,			
		ons were placed on the			
	physicians order for the	cy as they had received the			
	-The pharmacy was r				
	automatically filling th				
	T	onsible for requesting both			
	of these medications	to be filled and/or refilled.			
	I	Resident #3 nurse practioner			
	on 05/28/21 at 12:18p -She ordered the flution	casone 50 mcg for the			
	residents allergies.				
	-She ordered the Ven	_			
		ng and difficulty breathing. aler" for sudden episodes, if			
		Ventolin HFA 8 grams			
		ot get any relief from her			
	wheezing or shortnes				
	Refer to interview with 4:30pm.	n the PM/MA on 06/01/21 at			
	Refer to telephone int	terview with the			
	Administrator on 06/0				
	Interview with the PM	/MA on 06/01/21 at 4:30pm			

Division of Health Service Regulation

revealed:

STATE FORM 500 5UCN11 If continuation sheet 49 of 66

Division of	<u>of Health Service Regu</u>	lation				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
					R	•
		HAL011376	B. WING		1	2/2021
		TIALUTISTO			1 00/0	2/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DIOLIMON	ID IIII I DEGT IIOME # 4	95 RICHM	OND HILL ROA	ND.		
RICHMON	ID HILL REST HOME # 1	ASHEVILI	E, NC 28806			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
D 358	Continued From page	e 49	D 358			
	-The cycle date for th	e new month was to begin				
	on the 20th of each m					
	-A thirty-or thirty-one-					
		d in blister packs to be				
		eginning of the new cycle.				
		except controls are on cycle				
	fill with the pharmacy.	•				
	1	ded (PRN) medications, eye				
		creams have to be ordered				
	manually.					
	-It was her responsibi	ility to order the medications				
	needing to be ordered	d manually.				
	-If medications were r	missing from the cycle fill				
	delivery, the MA woul	ld contact the pharmacy.				
	-The MA was respons	sible for completed cart				
	audits which included	d controlled medications on				
	the cart, and compari	ing the eMARs, with the				
	orders and medication					
		be completed once monthly.				
		nentation of cart audits being				
	completed.					
		by the facility went to the				
	fax in the main office.					
		sible to fax new orders to the				
	pharmacy and then m	nake a copy for the				
	appropriate facility.					
	_	x for new or changed orders				
	and were to be picked					
		ch MA of new orders in the				
	office via phone call of	nsible to follow-up on all new				
	-	e facility received all the				
	medications from the					
		ld have followed up with the				
	_	cations were not on the				
	medication cart.	cations were not on the				
	medication cart.					
	Telephone interview	with the Administrator on				
	06/02/21 at 11:10am					

-She started working in the facility in April 2021.

STATE FORM 6899 5UCN11 If continuation sheet 50 of 66

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED
		HAL011376	B. WING		06	R 5/ 02/2021
	ROVIDER OR SUPPLIER D HILL REST HOME # 1	95 RICH	DDRESS, CITY, STATE MOND HILL ROAD LLE, NC 28806	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
D 358	regarding medications residentsThe MA were response medications were availableNew orders for medicarrived in the office at was responsible for a the MAsOne MA was suppose was trained to do soShe expected the ch weeklyShe did not know the	sible to notify the pharmacy is that were unavailable for assible for making sure satisfied and treatments and the Property Manager III orders being distributed to seed to do record audits and	D 358			
D 406	10A NCAC 13F .1009 (b) The facility shall a needed in response to documented, includin appropriate health proinformed of the finding. This Rule is not met Based on record revie facility failed to follow recommendation for a	as evidenced by: ews and interviews the up on a pharmacy a decrease in medication hritis for 1 of 3 sampled	D 406			
	Review of Resident #	3's current FI 2 dated				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 51 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	or dorace mon	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		
		HAL011376	B. WING		06/02	2/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 1	95 RICHM	OND HILL ROA	AD		
TOTAL OF	D THEE REOT HOME # 1	ASHEVILL	E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
D 406	Continued From page	e 51	D 406			
D 406	03/17/20 revealed: -Diagnoses included: 2 diabetes non-insulir tubalizationMedication included daily (used to treat or Review of the physici Resident #3 dated 01 diagnoses of restless Review of the phama Resident #3 dated on recommendation for a to 7.5mg (which was Interview with the Me 05/27/21 at 3:50pm re-She was not aware or recommendations for She had never been recommendations and completed thoseThe Property Manag	schizophrenia, anxiety, type in type, status post (s/p) meloxicam 15 mg one tablet steoarthritis). ans consultation visit for /18/21 revealed new leg syndrome and arthritis. cy recommendations for 103/04/21 revealed a a decrease in the meloxicam the recommended dose). dication aide (MA) on evealed: of any pharmacy Resident #3. involved with the pharmacy	D 406			
	practioner for on 05/2 -The facility had not n	with Resident #3's nurse 8/21 at 12:02pm revealed: notified her regarding dations in the meloxicam				
	15mg made on 03/04 -Resident #3 had a fo 04/26/21 and could have reduction during that -Too much meloxican	/21. ollowup appointment on ave been evaluated for the				
	Interview with the PM revealed:	/MA on 06/01/21 at 4:30pm				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 52 of 66

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		HAL011376	B. WING		06	R 5 /02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RICHMON	ID HILL REST HOME # 1	95 RICH	MOND HILL ROAD			
	is the tree tree to the first	ASHEVII	LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 406	Continued From pag	e 52	D 406			
	-MA's were responsil pharmacy recommer -The office receives a for each resident and officeThey are then place facility for each resident and officeThe MA's are responsibilities, which responsibilities, which related to Pharmacy has been working as -If she was not working would have been ablitheir job responsibilities.	oble for following up on all adations. a copy of recommendations of those are copied in the front of the din box of the appropriate ent. Insible to follow up after that assist in her usual the included training the MA's recommendations, as she a MA. Ing as a MA she felt she e to train the MA's in what				
D 433	06/02/12 at 11:08am -She was not aware were not being follow physiciansThe MA in the facility the facilities pharmace -It was "ultimately" the responsibility to ensure	pharmacy recommendations yed up on with the y was responsible for all of cy recommendations. The Administrators are follow through. 1(a) Resident Records	D 433			
	resident in an orderly record in the adult ca	all be maintained on each manner in the resident's are home and made available entatives of the Division of lation and county				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 53 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		IED
		HAL011376	B. WING		R 06/02	/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
		95 RICHMO	OND HILL ROA	ND		
RICHMON	D HILL REST HOME # 1		E, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 433	form or hospital dischapplicable; (2) Resident Register (3) receipt for the follo .0704 of this Subchap (A) contract for service rates; (B) house rules as sp of this Subchapter; (C) Declaration of Re 131D-21); (D) the home's grieva (E) civil rights statemed (4) resident assessmed (5) contacts with the rephysician service or comprofessional as require Subchapter; (6) orders or written to from a physician or of professional and their (7) documentation of	ns and the patient transfer arge summary, when ; owing as required in Rule oter: es, accommodations and ecified in Rule .0704(a)(2) sidents' Rights (G.S. Ince procedures; and ent; ent and care plan; resident's physician, other licensed health red in Rule .0902 of this reatments or procedures ther licensed health implementation; immunizations against	D 433			
	influenza virus and pneumococcal disease according to G.S. 131D-9 or the reason the resident did not receive the immunizations based on this law; and (8) the Adult Care Home Notice of Discharge and Adult Care Home Hearing Request Form if the resident is being or has been discharged. When a resident leaves the facility for a medical evaluation, records necessary for that medical evaluation such as Subparagraphs (1), (4), (5), (6) and (7) above may be sent with the resident. This Rule is not met as evidenced by: Based on observation, interviews and record review the facility failed to maintain resident records in an orderly manner and readily					

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 54 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		HAL011376	B. WING		R 06/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	ID HILL REST HOME # 1		IOND HILL ROA LE, NC 28806	D	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE
D 433	Continued From page	: 54	D 433		
	available for review.				
	The findings are:				
	05/26/21 at 9:37am rehallway of the facility a "master lock" on the Observation of the results of the control of the results of the control of the control of the results of the control of the results of the control o	sident record closet on revealed: ed and there was a "master er (PM) and the Medication apting to open the doors by and hammer to take the open the doors and could loset.			
	10:42am revealed: -The Medication Aide	and the MA on 05/26/21 at (MA) did not know where ad been unable to get in the			
	cabinet since 05/25/2 -She had mentioned i she could not find the access to the residen	t to the Administrator that key and did no have			
	revealed he had remo	ner on 05/26/27 at 12:58pm oved the lock from the resident records were now			
	_	sident record closet on evealed the closet was r lock" on the door.			
	Interview with the MA revealed:	on 06/01/21 at 1:20pm			

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 55 of 66

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SU COMPLE	
					R	
		HAL011376	B. WING		1	2/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 1		OND HILL ROA	.D		
(VA) ID	SHIMMARY ST	ATEMENT OF DEFICIENCIES	E, NC 28806	PROVIDER'S PLAN OF CORRECTION	d .	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
D 433	Continued From page	: 55	D 433			
	was unable to get in t 8:00am when she retu- She texted the Admir	nistrator again this morning the key and did not have				
	revealed: -He removed the lock the resident records vereviewHe was unaware of a the key to the record of the did not understant the keys to the locksStaff were responsible have the key". 1. Review of Resident 10:20am revealed: -There was no care perone the removed the remove	from the record closet and were now available for any issues with not having closet prior to recent events. It was happening with the for the keys and "should the #1's record on 05/26/21 at the lan in the resident's record.				
		ed Health Professional in the residents record.				
	revealed:	nt #2's record on 05/26/21				
	dated 03/17/20.	t FL2 with the last FL2 lan in the record when				
	resident was readmitt center.	ed from the rehabilitation ment of the LHPS tasks				
	-There was no docum test. -There were no currel	nentation of a 2nd step TB nt quarterly medication 's contracted pharmacy.				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 56 of 66

DIVISION	n nealth Service Negu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	JRVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
			B. WING		R	
		HAL011376	D. WING		06/02	2/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		95 RICHM	OND HILL ROA	ח		
RICHMON	D HILL REST HOME # 1		E, NC 28806			
		ASHEVILL	E, NC 20000			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		DATE
IAG		,	1/40	DEFICIENCY)		
			+			
D 433	Continued From page	2 56	D 433			
	Thoro wore no ourre	nt physician's orders in the				
		nt physician's orders in the				
	record.	states and and lake dated				
		sician ordered labs dated				
	05/07/21 were not in t	the record.				
		t #3's record on 05/26/21				
	revealed:					
		t FL2 with the last FL2				
	dated 03/17/20.					
		nt quarterly medication				
	reviews by the facility	's contracted pharmacy.				
	-There were no curre	nt physician's orders in the				
	record.					
	-There was no LHPS	quarterly assessment in the				
	record.					
	On 05/27/21 at 10:30	am initial request for the				
	following information	revealed:				
	-Daily request for Res					
		ot provided during the				
	survey.					
	•	ten guidance from the local				
		garding screening and				
		lly were not provided during				
	the survey.	,				
	-	LHPS, 05/07/21 labs and				
		t #2 was not provided during				
	the survey.	t // 2 trad flot provided darling				
	ino ourvoy.					
	Interview with the Ow	ner on 06/01/21 at 1:46pm				
	revealed:	1101 011 00/0 1/21 at 1.40piii				
		e for it taking days to get				
	resident information fi					
	-Staff told him they co					
	paperwork but now th	-				
		write it down you did not do				
	it."					
	Interview with the Adr	ministrator on 06/01/21 at	1	1		

Division of Health Service Regulation

1:50pm revealed:

STATE FORM 500 5UCN11 If continuation sheet 57 of 66

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			SURVEY	
		HAL011376	B. WING		06	R / 02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
RICHMON	D HILL REST HOME # 1		MOND HILL ROAD			
			LLE, NC 28806			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
D 433	Continued From page	e 57	D 433			
	find information that s recordsA lot of paperwork w and scatteredShe said "You have the place."	ny it was taking so long to should be in the resident was in the office unorganized seen my office, its all over e to go through all the				
D 612	10A NCAC 13F .180 ² Control Program (ten	1 (c) Infection Prevention & np)	D 612			
	(c) When a communi- been identified at the emerging infectious disease threat, the fa implementation of the policies and procedur published guidance is if guidance or directiv communicable disease outbreak or emerging have been issued in valued local health department, the spec- shall be implemented	CONTROL PROGRAM cable disease outbreak has facility or there is an dicility shall ensure e facility 's IPCP, related res, and ssued by the CDC; however, res specific to the se g infectious disease threat writing by the NCDHHS or diffic guidance or directives if by the facility.				
	reviews the facility far recommendations an for Disease Control (ns, interviews, and record				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 58 of 66

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED
		HAL011376	B. WING		R 06/02/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
RICHMON	ID HILL REST HOME # 1	95 RICHM	OND HILL ROA	D	
KIOIIMOI	D THEE REOT HOME # 1	ASHEVILI	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
D 612	Continued From page	e 58	D 612		
	residents during the c (COVID-19) pandemi of residents, staff, and				
	The findings are:				
	the prevention and sp Disease in long term revealed: -All essential visitors presence of fever and when entering the bu -A strong infection pre-	should be screened for the disymptoms of the virus silding. Evention and control protect both residents and			
	Coronavirus Disease -Recommended routi control (IPC) practice pandemic include scr healthcare facility for COVID-19 by temper questions, and observ symptomsEstablish a process the facility are assess COVID-19 and temper -Proper visitor educate	ention and spread of the in LTC facilities revealed: ne infection prevention s during the COVID-19 eening everyone entering a signs and symptom of ature checks, screening vations of signs and to ensure visitors entering sed for symptoms of erature was checked. Signs and control precautions, and use			
	dated 03/29/21 revea -Visitors must cooper screening process at				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 59 of 66

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			71. BOILBING.		R
		HAL011376	B. WING		06/02/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
RICHMON	D HILL REST HOME # 1	95 RICHMO	ND HILL ROA	D	
		ASHEVILLE	E, NC 28806		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
D 612	Continued From page	59	D 612		
	COVID-19, if they have must provide docume meet CDC criteria for precautions. -Any individuals with sinfection will not be peresident. -The visitor should carentry for the staff to make facility for screening. -The screening proce questionnaire, temperas may be recomment NCDHHS. Observation of a med 05/26/21 at 9:30am recommendation.	ve had a COVID-19, they entation that they no longer transmission-based symptoms of COVID-19 ermitted to visit with a ll the facility staff prior to neet the visitor outside the ss includes the visitor rature, and other screenings inded by the CDC or the lication aide (MA) on evealed she allowed the two			
	Surveyors into the facility with no COVID-19 screening or temperature checks. Observation of the Property Manager(PM)/MA on 05/26/21 at 9:50am revealed she had entered the facility and was not wearing a mask, not screened and she walked through the facility talking with staff, residents and Surveyors.				
	revealed: -She was a new resid -She had had a negar she was admittedNo one had asked he she was interestedShe did not wear a fa she was around other asked her to.	lent to the facility. live COVID-19 test before er to get the vaccine, but ace mask in the facility when r residents as no one had			
	around in the hallway	on 05/26/21 at 9:55am wearing a face mask and			

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 60 of 66

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED				
HAL011376		B. WING		R 06/02/2021				
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
DIG: 11401	D DEGT	95 RICHMO	OND HILL ROA	ND				
RICHMON	D HILL REST HOME # 1	ASHEVILL	E, NC 28806					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE		
D 612	Continued From page	e 60	D 612					
	sitting beside another	resident on the couch.						
	Observation of the Administrator in the dining room on 05/26/21 at 10:50am revealed: -She was not wearing a face maskShe spoke to the new resident who was not wearing a mask. Interview with the Administrator on 05/26/21 at 10:08am revealed: -One resident residing at the facility had not been vaccinated with the COVID-19 vaccinationShe had been vaccinatedSome staff had not received the COVID-19 vaccinationVisitors were not asked screening questions and temperatures were not taken as as the facility was not under COVID protocol anymoreThe facility staff, residents or visitors did not have to wear mask anymoreThe facility had not checked temperatures or asked screening questions for COVID-19 in the last couple of weeksShe was responsible for the overall operations of the facility.							
	the local disease com at 10:22am revealed: -All facilities should so their temperatures an questionnaire upon et- -Residents and staff so there are any unvacci the facilityThe facility should be from the CDC and the	creen visitors by checking and completing a ntry into the facility. Should be wearing a mask if inated residents or staff in e following the guidelines and NCDHHS.						

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 61 of 66

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		D D	
HAL011376		B. WING		R 06/02/2021		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 1		OND HILL ROA E, NC 28806	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		BE COMPLETE	
	in the main living roor Interview with the MA revealed: -She was the MA for the late as she was at an and an and the late as she was at an and the late as an and the late as a	on 05/28/21 at 4:00pm this facility and had come in appointment. quire her to wear a face d anything about screening				
	screening questions or temperature checked upon entrance to the facility. -He was not wearing a mask. Observation of the Owner on 05/26/21 at am revealed he was in the facility and did not have a mask on .					
	-A resident's therapist kitchen where the MA-The therapist nor the Interview with the res at 12:40pm revealed nor her temperature t facility. Interview with the Ow revealed: -He presented a COV notebook where the favisitors in the past.	/21 at 12:40pm revealed: at talking with MA in the a was preparing lunch. MA was wearing a mask. ident's therapist on 05/26/21 she had not been screened aken upon entering the ner on 05/27/21 at 8:45am /ID-19 infection control acility had been screening ty had few visitors and the				

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 62 of 66

PRINTED: 06/23/2021 FORM APPROVED

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 95 RICHMOND HILL REST HOME # 1 SIMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D 612 Continued From page 62 staff for each house was to be screening and using the form available in the facilityStaff had been told to screen visitors and each facility had a thermometer and log. Observation of the facility on the building alarm system not wearing mask. Interview with the three male visitors on 05/28/21 at 10:06am revealed: -They were contracted by the facility to work on the facility's alarm systemThey were contracted by the facility to work on the facility's alarm systemThey were asked COVID-19 screening questions at the main office upon arrival, but a temperature was not checkedThey were not instructed by facility staff to wear a face mask while working inside the facility. The facility failed to maintain the guidelines and recommendations established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NCDHHS) for infection prevention and transmission during the COVID-19 pandemic	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER RICHMOND HILL REST HOME # 1 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREPIX TAG (X4) ID RECHO PERCICINCY MUST BE PRECEDED BY FULL REQUIATORY OR LSC IDENTIFYING INFORMATION) D 612 Continued From page 62 staff for each house was to be screening and using the form available in the facilityStaff had been told to screen visitors and each facility had a thermometer and log. Observation of the facility on the building alarm systemThey were contracted by the facility to work on the facilityThey were asked COVID-19 screening questions at the main office upon arrival, but a temperature was not checkedThey were not instructed by facility staff to wear a face mask while working inside the facility. The facility failed to maintain the guidelines and recommendations established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NCDH+HS) for infection prevention and	HAL011376		B. WING				
RICHMOND HILL REST HOME # 1 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) D 612 Continued From page 62 staff for each house was to be screening and using the form available in the facilityStaff had been told to screen visitors and each facility had a thermometer and log. Observation of the facility on the building alarm system not wearing mask. Interview with the three male visitors on 05/28/21 at 10:06am revealed: -They were contracted by the facility to work on the facility's alarm systemThey were asked COVID-19 screening questions at the main office upon arrival, but a temperature was not checkedThey were not instructed by facility staff to wear a face mask while working inside the facility. The facility failed to maintain the guidelines and recommendations established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NCDHHS) for infection prevention and	NAME OF P	ROVIDER OR SUPPLIER		RESS CITY STA	TE ZIP CODE	1 00/0	2,2021
ASHEVILLE, NC 28806 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY) D 612 Continued From page 62 staff for each house was to be screening and using the form available in the facility, -Staff had been told to screen visitors and each facility hallway on 05/28/21 at 12:05am revealed there were three male visitors working inside the facility on the building alarm system not wearing mask. Interview with the three male visitors on 05/28/21 at 10:06am revealed: -They were contracted by the facility to work on the facility's alarm systemThey were asked COVID-19 screening questions at the main office upon arrival, but a temperature was not checkedThey were not instructed by facility staff to wear a face mask while working inside the facility. The facility failed to maintain the guidelines and recommendations established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NCDHHS) for infection prevention and							
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCEDED TO THE APPROPRIATE DATE	RICHMON	ID HILL REST HOME # 1	ASHEVILLE	E, NC 28806			
staff for each house was to be screening and using the form available in the facilityStaff had been told to screen visitors and each facility had a thermometer and log. Observation of the facility hallway on 05/28/21 at 12:05am revealed there were three male visitors working inside the facility on the building alarm system not wearing mask. Interview with the three male visitors on 05/28/21 at 10:06am revealed: -They were contracted by the facility to work on the facility's alarm systemThey were asked COVID-19 screening questions at the main office upon arrival, but a temperature was not checkedThey were not instructed by facility staff to wear a face mask while working inside the facility. The facility failed to maintain the guidelines and recommendations established by the Centers for Disease Control (CDC), the North Carolina Department of Health and Human Services (NCDHHS) for infection prevention and	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE
related to staff not wearing face mask with an unvaccinated resident residing in the facility, staff not screening visitors by checking temperatures or asking COVID-19 screening question, and not instructing visitors to wear face mask inside the facility. The facility's failure to follow the guidance related to infection prevention for COVID-19 was detrimental to the health, safety and welfare of the residents and constitutes a Type B Violation. The facility provided a plan of protection in accordance with G.S. 131D-34 on 05/27/21 for this violation.	D 612	staff for each house we using the form available. Staff had been told to facility had a thermore. Observation of the fact 12:05am revealed the working inside the fact system not wearing must 10:06am revealed: -They were contracted the facility's alarm system. They were asked Coat the main office upowas not checked. -They were not instruct a face mask while wood they were not instruct a face mask while wood they were control (CDC Department of Health (NCDHHS) for infection transmission during the related to staff not we unvaccinated resident not screening visitors or asking COVID-19 sinstructing visitors to facility. The facility's farelated to infection prodetrimental to the heat the residents and con The facility provided a accordance with G.S.	vas to be screening and ole in the facility. It is screen visitors and each neter and log. cility hallway on 05/28/21 at the were three male visitors sility on the building alarm hask. The male visitors on 05/28/21 at the were three male visitors sility on the building alarm hask. The male visitors on 05/28/21 at the male vis	D 612			

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 63 of 66

PRINTED: 06/23/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		A. BOILDING		R				
HAL011376			B. WING	06/02/2021				
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
RICHMON	D HILL REST HOME # 1		ND HILL ROA	D				
			E, NC 28806					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPL	ETE		
D 612	Continued From page	e 63	D 612					
	CORRECTION DATE FOR THE TYPE B VIOLATION SHALL NOT EXCEED JULY 17, 2021.							
D912	G.S. 131D-21(2) Decl	aration of Residents' Rights	D912					
	G.S. 131D-21 Declaration of Residents' Rights Every resident shall have the following rights: 2. To receive care and services which are adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.							
	This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the residents received care and services that were adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations related to management of facilities, health care, food and nutrition, infection prevention requirements, and staff qualifications.							
	The findings are:							
	facility failed to ensure the premises at all time course in cardio-pulme within the last 24 mone (Property Manager/Methe Administrator). [Fig. 1]	s and record reviews, the e at least one staff was on nes who had completed a onary resuscitation (CPR) on this for 2 of 3 sampled staff edication Aide (PM/MA) and Refer to Tag D 0167 10A oning on Cardio-Pulmonary B Violation).]						
	2. Based on observations, interviews, and record reviews the facility failed to ensure recommendations and guidance by the Centers for Disease Control (CDC) and the North Carolina							

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 64 of 66

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ') MULTIPLE CONSTRUCTION (X3) DATE COMP		
		A. BOILDING.		R		
		HAL011376	B. WING		06/0	2/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
RICHMON	D HILL REST HOME # 1		OND HILL ROA E, NC 28806	D		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD E TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		BE	(X5) COMPLETE DATE
D912	Department of Health and Human Services (NCDHHS) were implemented when caring for 11 residents during the global Coronavirus (COVID-19) pandemic as related to the screening of residents, staff, and visitors and wearing required personal protective equipment (PPE). [Refer to Tag 0612 10A NCAC 13F .1801 Infection Prevention and Control (Type B Violation).] 3. Based on observations, interviews, and record reviews, the facility failed to implement physician's orders for 1 of 3 sampled residents (Resident #2) regarding an order for a finger stick blood sugar (FSBS), complete blood count (CBC) with differential, complete metabolic panel (CMP), fasting lipid panel, hemoglobin A1C (HgbA1C), microalbumin, TSH and Free T4. [Refer to Tag 0276 10A NCAC 13F.0902 (c)(3) Health Care (Type B Violation).] 4.Based on observations, record reviews and interviews the facility failed to provide theraputic diets for a resident on a no concentrated sweet diet (NCS) (Resident #1) for a resident and a		D912			
	carbohydrate controlle a resident (Resident # primary physicians for	ed with no fruit juices diet for #2) as ordered by their r 2 of 3 sampled residents. A NCAC 13F.0904 (e)(4)				
D914	G.S. 131D-21 Declar		D914			

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 65 of 66

PRINTED: 06/23/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING: _							
HAL011376		B. WING		R 06/02/2021					
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
RICHMON	ID HILL REST HOME # 1		OND HILL ROA	AD.					
		ASHEVILL	E, NC 28806						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE				
D914	Continued From page	e 65	D914						
	This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure all residents were free from neglect related to residents being fearful of being left alone in the facility and for ensuring all required duties were carried out. The findings are:								
	1. Based on observations, interviews, and record reviews, the Administrator failed to ensure the management and total operations of the facility were maintained to ensure substantial compliance with the rules and statutes of adult care homes to protect each residents' right to receive adequate and appropriate care and services and to be free of neglect and fear as related to management of facilities, health care, medication administration, infection prevention and control program, and staff qualifications. [Tag 0176 10A NCAC 13F .0601(a). Management of Facilities (Type A1 Violation)]. 2. Based on observations and interviews, the facility failed to ensure there was always at least one staff member in the facility ensuring that at no time a resident was left alone without a staff member in the facility. [Refer to Tag 0177 D 10A NCAC 13F .0601(b)(3) Management of Facilities with a capacity or census of seven to thirty Residents (Type A1 Violation).]								

Division of Health Service Regulation

STATE FORM 500 5UCN11 If continuation sheet 66 of 66